NC STATE UNIVERSITY

COLLEGE OF SCIENCES PHYSICS DEPARTMENT Instrument Shop 7 Cox Hall 919-515-2508

Requested by:
Dept.: Date In:
Bldg./ Room:
Contact Info.:
PI Approval (Print & Sign Required): (Professor, Dept. Head, Chair or Dean)
Accounting Tech Approval (Print & Sign Required) :
Charge# Estimated Cost:
Job Name:
Employee's Comments on Procedures, etc.

Please sketch in space below, attach drawings, or submit appropiate files.

	NAMES/INITIALS				
DATE			MATERIALS		
		QTY.	Description	\$	
	-				
			HARDWARE & SUPPLIES		
		QTY.	Description	\$	
		Labor			
			Materials		
		Hardware & Supp	lies		
			and the second		