Instrumentation Lab Glass Work Form

Date: _____
WO # _____
PO # _____

Glassblower: _____

Date Shipped: _____

User Contact Information:

Primary Investigator: _____
Requestor: _____
Department: _____
Rm./Building: _____
Phone: _____
Email: _____

Type of Work Required

Fabrication: _____
Repair / Modification: _____
On Site: _____

Work Request: _____

_____

_____

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Date Required By: _____

Completed copy of this form (and any accompanying drawings or instructions) must be filed with the Instrumentation Laboratory before shipping glass to contracted glassblower. Failure to comply will result in the entire cost of the invoice being the charged to the contracting department.