

# REQUEST FOR TECHNICAL STAFF SERVICES

## SCHOOL OF ENGINEERING AND APPLIED SCIENCES

<b>REQUESTOR INSTRUCTIONS</b>		DATE OF REQUEST _____
		FACULTY SPONSOR _____
1. COMPLETE TOP OF FORM ONLY.		DEPT. _____ PHONE _____
2. THIS FORM ALSO SERVES AS AN INVOICE		CONTACT PERSON _____
AFTER WORK IS COMPLETED		EMAIL _____ PHONE _____
3. ATTACH PERTINENT MANUALS, DRAWINGS,		ACCOUNT NUMBER _____
ETC.		CATEGORIES OF WORK
4. ALL REQUESTS REQUIRE AUTHORIZED		FUNDED RESEARCH
SIGNATURE		UNFUNDED RESEARCH
5. CHECK IF ESTIMATE NEEDED		NEW FACULTY START-UP WORK
		EDUCATIONAL WORK
		CLUBS
6. DESCRIPTION OF REQUEST		COST ESTIMATES: LABOR _____ MAT'LS _____
		ESTIMATOR _____
		WORK AUTHORIZED _____

Description of Work Completed	Labor/Materials	Units	Price	Total
Completed by _____ Date _____	Supervisor _____	Total _____		

<b>CUSTOMER INSTRUCTIONS</b>		<b>INVOICE</b>		Date: _____
1. Indicate your account number in the block "Charge Code No."				
2. Sign (lower left).				
3. Keep a copy for your records.				
4. Return completed form to: DEAN'S OFFICE - Jennifer Wojcik SEAS 208 Davis Hall, North Campus				
All costs charged are in accordance with the Center's established rate approved by Financial Services				
Charge: Code No.	Amount	Posted Charge	Credit: Code No.	Amount
			900555	
Goods or services received		Goods or services rendered		
X _____ customer/project director		X _____	X _____ service center supervisor	
		X _____	X _____ head of department	