



Workshop Services Request Form

Workshop Job Number:			
Client details			
Requester name:		zID:	
Requester email:		Phone:	
Laboratory:		Room No:	
Lab Manager:		Signature:	
Supervisor's Name:		Signature:	
Date:			
Job type			
1. Teaching (course code):		4. Undergraduate Thesis:	
2. Research (project name):		5. Other (please specify):	
3. Postgraduate thesis:			
Project Cost Codes			
Dept:	Fund:	Project:	
Please provide details of the work required:			

Workshop Use Only

Approved By	Date Received	Date Commenced	Date Completed	Estimated Cost	Total Cost

Workshop Use Only

Name	Date	Start	Finish	Hours
			Total hours	
			Hourly rate	
			Total Labour cost	

Material	Qty	Unit Price	Cost
			Total material cost