



# Machine Shop Work Order Form

**BROWN**

Division of Biology  
and Medicine

**To be completed by requestor:**

Department Name: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

Staff Contact E-mail: \_\_\_\_\_

Faculty Name (if applicable): \_\_\_\_\_

Phone No: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Cost Center: \_\_\_\_\_

**Note:** Please visit <https://batkey.brown.edu/> to lookup the correct account number for proper billing

Description of work needed:


Please send completed work order request form to [John\\_Murphy\\_3@brown.edu](mailto:John_Murphy_3@brown.edu) for review.

**To be completed by Research Engineer:**

<b>Estimate*:</b> Hours/Rate: _____ hrs. / \$85 Material Cost: \$ _____
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Actual Labor Cost: \$ _____ Actual Material Cost: \$ _____ Total Cost: \$ _____
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\*The estimated cost indicated on this form is an ESTIMATE ONLY and NOT a firm bid. The account number shown will be charged the actual cost of the job. The customer will be invoiced monthly for services and materials expenses and a Journal Entry will be completed for all charges. If charges should be allocated to a different cost center, please contact [Heather\\_Carreiro@brown.edu](mailto:Heather_Carreiro@brown.edu) to update this information.

**Approval**

<b>Customer</b>
Name: _____
Title: _____
Date: _____

<b>BioMed Facilities Planning and Operations</b>
Name: _____
Title: _____
Date: _____