	Machining Se Clemson Univer	rvice Re	quest	Form		S Job # Date	
Department			Pro	ject Name			
Account #				epartment eference #			
23 Digits	<u>XXXX</u> - <u>XX</u> - <u>XXXX</u> - <u>XXX</u> - <u>XXX</u> - <u>XXX</u> - <u>XXX</u> - <u>XXX</u> <u>ACCT</u> - <u>FUND</u> - <u>DEPT</u> - <u>PROGRAM-CLAS</u>						
Faculty Signature			Pho	ne/Email			
Faculty Print]				
Student/Staff			Pho	ne/Email			
NOTICE	NTAINS SENSITIVE OR EXPENSIV					IATERIALS (PROVIDE	
	will not be responsible for damage request is submitted	es to sensitive r	material o	r componen	ts that are not bro	bught to our attention	when the
	DO NOT WR	RITE BELOW T		- FOR MT	S ONLY		
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