

Machining and Technical Services

Service Request Form

JOD #	
Date	

Clemson University – College of Engineering and Science

Department			Pro	ject Name			
Account #				Department Reference #			
23 Digits	XXXX - XX - XXXX - XXX - XXX - XXXXXXXX						
Faculty Signature			Pho	one/Email			
Faculty Print							
Student/Staff			Pho	ne/Email			
Detail Description							
*MTS	will not be responsible for damag	ges to sensitive	material o	r componen	ts that are not bro	ATERIALS (PROVIDE	
	DO NOT W	/RITE BELOW	THIS LINE	– FOR MTS	SONLY		
ATS Comments		Item lbs			Unit Price	Amount	
		MTS Pur	MTS Purchased Supplies				
		off requi	off requisition sheet				
			Mild Steel				
	Aluminum						
		Brass					
	Copper						
		Stainless					
		Other					
		Total Materials					
				Hours	Internal Rate	External Rate	Amount
Date Completed		1.1		Tiours	internal Nate	External Nate	Allibuit
Time Worked		Labor Hours					
Technician		Priority F	Priority Rate				
Approved By		EDM Hours					
Approved Date		Laser We	Laser Welding				
7.66.0100.000			3D Scanning				
				1		Total Labor	
IDO Journal #							
150 Journal #		Free el	d Project Number			Total Charges	
		Fund	Project	Number		Total Charges	