UCSB PHYSICS MACHINE SHOP

Work Order

LAB Name/ LAB #: _____   **Date** _____/_____/_____

Requested By: _____   **Study:** _____

Description: _____ **Dept.** _____

E-mail: _____**Phone:** _____

Instructions:

_____

_____

_____

_____

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Material:

Price: _____ Quantity: _____Description:_____Recharged:___

Price: _____ Quantity: _____Description:_____Recharged:___

Outside Processing:

Vendor: _____Process:_____ Recharged: ___

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Received by: _____   **Date:** _____