



# RESEARCH MACHINING SERVICES WORK ORDER

RMS FORM 20 (08/23)

For RMS USE ONLY				
WORK ORDER NO.				

Request for estimate (When estimated, this form will be returned for approval to proceed)

Approval to proceed

WO Creation Date: \_\_\_\_\_  
 WO Close Date: \_\_\_\_\_

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

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

Customer Contact Name: \_\_\_\_\_

Customer Phone #: \_\_\_\_\_

Customer Contact E-mail: \_\_\_\_\_

Date Required: \_\_\_\_\_

PI or iLab Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_

For non PI labs, please reference iLab name (i.e. BOSO, ASREC, AO iLab Billing, etc.)

Student Org Name & No.: \_\_\_\_\_

**\*\* Note: Check Website [engineering.purdue.edu/RMS](http://engineering.purdue.edu/RMS) for what account numbers are needed for proper billing.**

**WBSE#											
F	.										

Business Office Approval (Print/Sign)	Date

**Business Partner #					

**Internal Order #											

Expiration Date for Acct	BO Phone

*Please verify access to account is valid in iLab before signing off.*

The estimated manufacturing 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.

Estimate of Costs \_\_\_\_\_

Signature, Research Machining Services \_\_\_\_\_ Date \_\_\_\_\_

## DESCRIPTION OF WORK TO BE PERFORMED OR MATERIAL NEEDED

Picked Up By: \_\_\_\_\_