



BROWN

Division of Biology
and Medicine

Machine Shop Work Order Form

BioMed Facilities, Planning and Operations

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 (to be completed by requestor):

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:

Estimate* : Hours/Rate: ___ hrs/ \$ 66 Material Cost: \$ _____
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Actual Labor Cost: \$ _____ Actual Material Cost: \$ _____ Total Cost: \$ _____

*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 [Kelsey mackinnon@brown.edu](mailto:Kelsey.mackinnon@brown.edu) to update this information.

Approval

Customer
Name: _____
Title: _____
Date: _____

BioMed Facilities Planning and Operations
Name: _____
Title: _____
Date: _____