

JOB # \_\_\_\_\_

# GLASS SHOP WORK REQUEST FORM

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RESEARCH DIRECTOR

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
DATE NEEDED

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ACCOUNT NUMBER

CHECK ONE:

FABRICATE

MODIFY

REPAIR

DESCRIPTION OF WORK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## MATERIALS USED

QUANTITY	ITEM DESCRIPTION	AMOUNT

TOTAL \_\_\_\_\_

**JOB #** \_\_\_\_\_

