



CARLETON LABORATORY

Columbia University | Engineering

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Fax: +1.212.854.4084

Email: carleton@civil.columbia.edu

Testing Machine Request Form

Date: _____

ACCOUNT INFORMATION MUST BE FILLED OUT COMPLETELY, NO BLANK SPACES

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REQUESTING	PC BUS	PROJECT	ACT.	INITATIVE	SEGMENT	FUND
DEPARTMENT		UNIT				CODE

REQUESTER:

Name	UNI	Approval Signature
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PRINCIPAL

INVESTIGATOR:

Name	UNI	Approval Signature
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BUSINESS

MANAGER/DAF:

Name	UNI	Approval Signature
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DESIRED COMPLETION DATE:

DESCRIPTION OF MACHINE USAGE REQUESTED	ESTIMATE		ACTUAL COST**	
	HOURS	COST	HOURS	COST
TOTAL				

SIGNATURE UPON COMPLETION:

* Fabrication Request Form must be signed by the Requester, Account Owner, and Account Manager for work to commence.

** While estimates will be provided at the best of lab management's ability, the client will be charged actual time worked at University approved rates plus materials and supplies. Upon completion of work, the Carleton Laboratory will debit total project cost by ITJE. Services will be charged to -64005 natural account, materials to -61500 natural account.

MACHINE USE REQUEST

CARLETON LABORATORY