



VCU

College of Engineering Makerspaces
Maker Garage | Maker Studio | MNE Innovation Lab

Work Order/Invoice # _____

Date of Request: _____

Ordered by Student (Print Name): _____ Signature: _____

Contact Information (email and phone): _____

Index/Account # to be charged (all indexes allowed except ledger 5): _____

School/Department: _____

JV Approver (Finance Dept. Contact if not CoEGR): _____

Faculty Advisor (Print Name): _____ Signature: _____

Item Name and Description (Attach Drawings, Sketch, or Additional Documentation):

VCU CoEGR MAKERSPACE STAFF USE ONLY BELOW THIS LINE

Makerspace Completing Work Request: _____ Est. Completion Date: _____

Materials Description: _____

Special Tooling Description (if required): _____

Labor Description: _____

Material Cost (\$): _____

Special Tooling Cost (\$): _____

Labor Cost (\$): _____

Total: \$

Makerspace Staff Member Signature (Req'd): _____ Date: _____

Makerspace Manager or Director Signature (Req'd): _____ Date: _____

Fees collected above from the Index/Account# provided by the student/advisor are to be placed into the following VCU CoEGR Makerspace Index #: _____