

**KU BioShop
Work Order Request Form**

To Be Completed by Customer:

Customer Name: _____

Room Number: _____

Phone Number: _____

(or other contact information)

Date of Request: _____

Name of Principal Investigator, _____

Director, or Unit Manager:

(if different than customer name)

Grant # or Cost Center: _____

(billed if BioShop provides
any parts or materials)

Description of Work Requested:

To Be Completed by BioShop:

Date Completed: _____

Work Completed By: _____

Cost of Parts and Materials Used or Purchased				
Quantity	Unit	Description	Cost Each	Total

Total Cost:

Notes:
