

REQUEST FOR USE OF MATERIALS ENGINEERING EQUIPMENT/FACILITIES*

Name, email and phone number of requester: _____

Name, phone number and e-mail of advisor: _____

University/Company: _____

Department: _____

Equipment that will be used: _____

Actual hours of use⁺: _____

Charge per hour: _____

Assistance Charge: _____

Maximum number of hours the advisor
is willing to be financially responsible for. _____
After reaching this amount, a new form
will be required.

Advisor signature: _____

Account Name: _____

Account number to be charged: _____

*No work will be initiated unless the requester is identified as indicated and a charge account number is recorded on this form. Also it should be made clear that the cost of any repair or replacement due to breakage or damage to equipment will be borne by the user. Please return this form with a brief description of the work to be done, to David Von Rohr in room 3-258.

⁺ Will be filled by the MatE department representative.