

Request for Services Authorization Form

COMPLETE PRIOR TO MEETING WITH FABRICATION LAB STAFF

Requester Name _____ **Date** _____
(PRINT NAME)

All service requests must be submitted and approved 2 weeks prior to the initiation of work. All information on this form must be completed in order for request to be reviewed by the FJAD Fabrication Laboratories staff.

Type of Work

Funded Research Professional Personal Course Project Workshop _____

For detailed descriptions of "type of work" please review the policies at fayfabricationlabs.uark.edu/welcome/policies/ under Services and Fees / Fabrication Services

Project Details

Which equipment will be used? _____

What types of materials will be used? _____

Will the lab be ordering materials? **Y** **N** If Yes, you will be asked to provide an itemized list with sources, prices, and quantities.

What is the time frame for completion? _____

What type of assembly or storage space will be required? _____

Description of Services Requested

*After completing portion above, please email **Justin Tucker**, jmt06@uark.edu for Wood Lab, **Randal Dickinson**, rdickin@uark.edu for Digital Labs or **Angie Carpenter**, agcarpe@uark.edu for Build Lab to schedule a consultation.*

Request Quote

Upon request, FJAD Fabrication Laboratories staff can meet in person or through email correspondence to determine costs of project and provide a quote. Quotes may include: material costs, material processing fee, equipment costs, fabrication labs labor.

Approval

To begin work in the fabrication labs, project scope and budget approval is required by appropriate supervisors.

Fabrication Lab Manager _____ **Date** _____
(PRINT NAME)

(SIGNATURE)

Only applicable signatures below required for projects that are subject to funding approval (i.e. use of grants or departmental funds).

Cost Center _____

Department Head _____ **Date** _____
(PRINT NAME)

(SIGNATURE)

Dean of FJAD _____ **Date** _____
(PRINT NAME)

(SIGNATURE)