

**UNIVERSITY OF SOUTH CAROLINA**  
**COLLEGE OF ENGINEERING**  
**TECHNICAL FABRICATION FACILITY**  
**300 SUMTER STREET**  
**777-2494 OR 777-7230**  
**FAX 777-6208**

**WORK REQUEST**

DATE IN	DELIVERY DATE	JOB #
REQUESTED BY	AUTHORIZED BY	
DEPARTMENT	PHONE	CLIENT COPY DATE
DEPARTMENT #	ACCOUNT #	

**DRAWINGS AND DIMENSIONS REQUIRED**  
**(OR ATTACHED DRAWINGS)**

**Estimated Job Cost:**

**Labor:**

**Materials:**

**TOTAL:**

**TECHNICIAN USE ONLY**

DATE JOB COMPLETED	TIME	FAB CHARGE	
		MATERIALS CHARGE	
SIGNATURE	TECHNICIAN		