

## Work/Purchase Request Form

If you require the services of the Electronic Shop, please fill out this form and leave it in Mark Barefoot's mail box in room 1111 Burlington.

Current Date (mm/dd/yyyy): \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Describe what you would like done:

---

---

---

---

If your request involves a purchase please describe the source of funds and get the signatures of the fund controller and Hermine Kabbendjian before submitting the form to the shop.

Source of Funds: \_\_\_\_\_

---

Signature of Fund Controller

---

Hermine Kabbendjian

---

### FOR SHOP USE ONLY

Priority Level of this request:

Comments:

Emergency

High

Normal

Reason for elevated priority (if not Normal):

Date Closed: