## **Engineering 3D Printer Request**

From		Today's Date	
Status			
(student/staff/faculty)			
Clinic / Research Group / Class			
Advisor Approval:			
Approval for Waiver of Fee			
(to be sig	ned by the Department Chair		
If approved for waiver of fee, please leav	e the box portion blank.		
Account Name to be charged:			
Approval for item(s) to be printed			
	be signed by the Office Mana		
Please do not write below the line			
Cubic Inches of Material to be Used:	x \$10 = \$	Total Cost	
Cost Verified and Given to End User: _			
	System Admin Initials	Date	
Date Job Sent for Print:			
Date Job Finished:			
Comments			