

Glass Shop Internal Work Request

Order Number: _____

Note: This order must be filled out before work begins

Phone: _____

Date Submitted: _____ Date Needed: _____ Date Completed: _____

Department: _____

Account to be charged: _____

Work Requested by: _____
(Please Print) (E-mail Address)

Approved by: _____
(Signature of person in charge of account) (Print last name)

All glassware to be repaired must be clean and dry!!! Thanks

Job Description (Include all Dimensions)

The following is to be filled out by glassblower

Supplies

Quantity	Description	Price

Total _____