

SA•P Fab Lab Record of Use Form

Name:	Date:
Grant Name:	Project Name:
Department:	
Type of work: Funded Research___ Unfunded Research___ Personal___ Professional___ Class Project___	
Payment Method: Billing Index_____ Lobo Cash_____ Cash_____ Check_____	
Work Requested:	
Work Provided:	
Provided By:	

Services:	Faculty/Staff Rates	Amount:		
3-D modeling	\$85.00 per hr.			
File Setup	\$85.00 per hr.			
Laser Cutting	\$1.00 per min.			
3D Printing	\$15.00 per cu. In.			
CNC Routing	\$20.00 per hr.			
Other				
Amount Requested				

Sub Total				
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Total				
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For Accounting Only:	Index to Allocate:	CRAF+T_____	Fab Lab Renewal _____
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Requestor Signature

Date