


PLEASE FILL IN ALL THE INFORMATION REQUIRED IN LEGIBLE HANDWRITING.

### USER INFORMATION

Name: \_\_\_\_\_ Affiliated ID#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### DEPARTMENT INFORMATION (all required)

Authorized By: \_\_\_\_\_ Department: \_\_\_\_\_  
 Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Account#: \_\_\_\_\_  
 **Authorizing Signature:** \_\_\_\_\_

### LASER CUTTING INFORMATION

| Laser Cutter  | Start time | End Time | Session Length | Cost (\$) |
|---------------|------------|----------|----------------|-----------|
|               |            |          |                |           |
|               |            |          |                |           |
|               |            |          |                |           |
|               |            |          |                |           |
| <b>TOTAL:</b> |            |          |                | <b>\$</b> |

### LARGE FORMAT SCANNING INFORMATION

| Name of File  | Width of Paper | Height of Paper | Cost (\$) |
|---------------|----------------|-----------------|-----------|
|               |                |                 |           |
|               |                |                 |           |
|               |                |                 |           |
|               |                |                 |           |
| <b>TOTAL:</b> |                |                 | <b>\$</b> |

PLEASE READ THE FOLLOWING BEFORE CHECKING THE BOXES & SIGNING BELOW.

I agree to the terms and conditions for laser cutting & large format scanning located on the Digital Lab wiki-page.

 **CUSTOMER SIGNATURE**

**END OF CUSTOMER SECTION**

### LAB AIDE USE ONLY

Name of Lab Aide: \_\_\_\_\_

Notes: