

Department Form

Digital Lab

ZCorp 3D Printing Submission Form

PLEASE FILL IN ALL THE INFORMATION REQUIRED IN LEGIBLE HANDWRITING.

SUBMITTER INFORMATION

Name: _____	Affiliated ID#: _____	Date: ____/____/____
Phone #: ____ - ____ - _____		Time: _____ am/pm

DEPARTMENT INFORMATION (all required)

Authorized By: _____	Department: _____
Phone #: ____ - ____ - _____	Account#: _____
Authorizing Signature: _____	

PROJECT INFORMATION **LAB USE ONLY**

Qty	File Name (only 1 file per row)	Scale (choose one)	
		mm cm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm cm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm cm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm cm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm cm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm cm in	<input type="checkbox"/> P <input type="checkbox"/> R

*If you have more pieces than there are lines please continue the list on the back of the form.	TOTAL:	\$ _____
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PLEASE READ THE FOLLOWING BEFORE CHECKING THE BOXES & SIGNING BELOW.

- I agree to the terms and conditions for 3D printing located on the Digital Lab wiki-page.
- I acknowledge that depending on the print queue, projects may take as long as **7 business days** to be completed.
- I acknowledge that the tray and bottle must be returned within **72 hours** or a non-refundable replacement charge of **\$10.00** will be applied to my ASU student account.

CUSTOMER SIGNATURE

END OF CUSTOMER SECTION

LAB AIDE USE ONLY

Name of Lab Aide: _____	Print Date:	
Notes:	ZCorp Printer:	450A 450B 650
	Pick-Up Date:	
	Charged?	