



Science Workshop

Job No.

Science A, Room 07
 2500 University Drive NW,
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 F: 403.220.0599
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<http://www.ucalgary.ca/scienceworkshop>

Work Request Form

Date Submitted:	Date Required:	Rates Teaching (100hrs/Dept.) \$ 10/hr Science Department \$ 25/hr Trust Acc. Research \$ 20/hr Contract Research \$ 50/hr Non-Faculty of Science \$ 50/hr Non-University \$ 100+/hr
Contact Name:	Phone/Email:	
Account/Project Holder Name:	Department	
Account/Project Holder Signature: (See Note)	Pre-Approved Maximum Cost:	

Business Unit	Fund	Dept ID	Account	Program	Internal	Proj Bus Unit	Project	Activity
U C A L G			6 9 0 3 0					

Note:
 DECLARATION: By signing this authorization form, I attest that: this expenditure is eligible under the grant agreement; that I am aware of the pre-approved maximum cost of the goods/services; that I will ensure that budget is available for this expenditure; that on completion of the work (or the pre-approved maximum cost is reached) this form will be returned to me with the actual cost and that I will sign the Payment Approval and return it to the Science Workshop within reasonable time.

Description of Goods and Services to be provided:

Sketch:
(If Required)

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