UNL Engineering Electronics Shop Work Order

Department:		Cost Object :	
Contact:		Authorized Signature:	
Estimating Tec	ch:	Contact Phone/E-mail:	
Date Requeste	ed:	Estimated Completion D	Date:
Job Description:			
Estimated Cost (Labor and Parts)			
Actual Cost (Labor and Parts)			
Actual Cost (Labor and Laits)			

Billing Entered (Date)