**CUSTOMER INFORMATION**

Customer ____________________________
Phone Number ____________________________
E-mail Address ____________________________
Principal Researcher ____________________________
Department ____________________________ Zip ______
Date In ______ Date Completed ______

**BILLING CATEGORY**

- In-Division
- Out-of-Division
- Outside Campus

**OFFICE USE ONLY**

Labor Hours ____________ @ ____________ hr.
Labor Cost ____________
Materials Cost ____________
Shipping ____________
Admin. Charge ____________
Tax or Misc. ____________

**TOTAL BILLING** $ ____________

**PAID DATE**

Total Hours: ____________ Total Cost of Materials: ____________