



Request Form Workshop

Order Number:

Principal:

Telephone:

Date:

Institute/Department:

cost sender:

Faculty:

Usage:

☐ Education

☐ Exercise

☐ Laboratorium

☐ Bachelor Thesis

☐ Master Thesis

☐ Research

☐ Administration

☐ other

Inventory:

☐ Yes

☐ No

Identification-No.:

Order Description:

- please insert a technical drawing and specific details -

Person in Charge / Tel.

Authorized Person / Tel.

Remarks:

Check mark of Person in
Charge:
for academic procedures /
for all other procedures

Pre-cut:

Standard Parts:

Completion: