

IME Recharge Center
Work Order Form

Work Order Tracking #: _____ Date: _____

Job Type: NDSU Dept. _____ Student Org. _____ Outside NDSU (External) _____

Name of individual requesting service: _____

Individual/Department/Company to be charged: _____

Fund #: _____ Department #: _____ Program: _____ Project: _____

Approved by (signature needed): _____

Billing or campus mail address: _____

City, State, Zip: _____

Telephone: _____ email: _____

Description of work needed: _____

Materials Estimate: \$ _____ Unit Charge Estimate: \$ _____

TOTAL Project Estimate: _____

IME Recharge Center rates (effective July 1, 2021):

NDSU Rates:

<i>Welding unit (W)</i>	<i>\$2.09/hr</i>
<i>Machining & fabrication unit (M)</i>	<i>\$3.66/hr</i>

Off-campus (External) rates:

<i>Welding unit (W)</i>	<i>\$45/hr</i>
<i>Machining & fabrication unit (M)</i>	<i>\$45/hr</i>

Detail of Costs:

Date	Unit	Start Time	Stop Time	Total Time

Total # of hours for welding unit: _____ x \$2.09 per hour = \$ _____

Total # of hours for machining/fabricating unit _____ x \$3.66 per hour = \$ _____

Total unit charges: \$ _____

(Materials purchased- if any – invoices attached):

Price:

Subtotal:

\$ _____

Unit total from above:

\$ _____

GRAND TOTAL:

\$ _____