



ORDER FORM

3 EASY STEPS

1. Enter Personal Info
2. Enter Job Info
3. Signature

Job Number: _____

GRAND TOTAL: \$ _____

Date Received: ____/____/____ Time Received: ____:____:____ New Time: ____:____:____

Received by: _____ Worked by: _____ Qc'd by: _____

STAFF ONLY

VACUUM FORMING

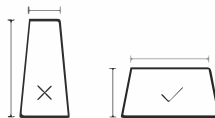
LAST: _____ FIRST: _____ PHONE: _____

MAJOR: _____ INSTRUCTOR'S LAST NAME: _____

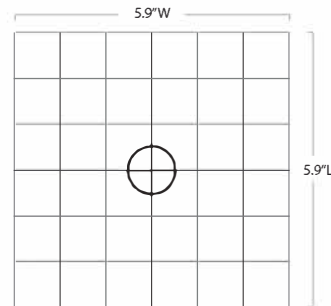
- STUDENT STAFF FACULTY
 DEPARTMENT HEAD ALUMNI

1. Object	\$3.00 Per Mold Sheet <input type="radio"/> Clear Food Safe Sheet <input type="radio"/> Castable White Color Sheet	Quantity (If Same)
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The maximum width and length you are able to mold is 5.9" x 5.9".



To avoid tearing the plastic, we suggest not vacuum forming anything taller than its width.

**STAFF ONLY** Object Approval by Technician _____

I agree that this form is filled out to the best of my knowledge, and that FabLab accepts my media with no responsibility for any damages or loss incurred. The staff endeavors to deliver the best results possible for your project. Please be aware however, that due to the nature of our equipment and materials, we can not be responsible for wasted materials or inadequate results. The staff reserves the right to refuse any project based upon its suitability, complexity, materials used or any other factor(s). FIT is not responsible for the policies of the FabLab. Policies and services subject to change without notice. I have read and understand these disclaimers.

Customer Notified: Initials _____ Time _____ Date _____ Problem: _____ Solution: _____
 Spoke to customer Voice Mail Email Unreachable _____ Signature _____