

DESIGN & FABRICATION CENTER

Mail: CASE WESTERN RESERVE UNIVERSITY
SCHOOL of MEDICINE, rm EG-1
10900 Euclid Ave.
Cleveland, OH. 44106-4953

Deliver: CASE WESTERN RESERVE UNIVERSITY
SCHOOL of MEDICINE, D.F.C. Rm EG-1
2109 Adelbert Road
Cleveland, OH. 44106-4953

Manager: STEVEN TORONTALI **Phone:** 2167-368-3461 **Fax:** 216-368-3445 **Email:** sjt@case.edu

DATE IN: _____ BILLING DATES: _____ PHONE #: _____ FAX #: _____

PROJECT REQUISTIONER: _____ EMAIL : _____

DEPT.-ADDRESS: _____

ACCOUNT # _____ PURCHASE ORDER # _____

PROJECT COSTS: LABOR HRS. ____ = \$ _____ MATERIALS: \$ _____ TOTAL COST: \$ _____

PROJECT DESCRIPTION & NOTES: Attach any diagram or important information regarding project parameters

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |