



Glass Shop Repair/Build Request (print or email)

Name: _____ email/netID: _____ date: _____

Phone (optional): _____ Account # for Cornell billing: _____

CCMR FOM/Billing account status: ___ have account; ___ have applied; ___ will apply at link below;

If new glass shop user, how did you hear of the CCMR glass shop? Check one: ___ past user; ___ word of mouth; ___ email distribution; ___ web search; ___ other/describe

For repair work: I _____ certify this glassware has been cleaned to Cornell safety practices outlined in EHS 5170 - Glassware Washing Safety.

Job description (below, or attach document/drawing):

Description	Estimated Quantity	Rate (\$/hr)	Estimated Cost	Actual Quantity	Actual Cost
Setup time					
Glasswork time					
Finishing/Kiln time					
Materials					
Other					
Total					

Estimate needed prior to initiating work: ___ yes ___ no

Sign here to initiate work: _____

This form is an estimate for goods and services to be provided within analytical facilities of the Cornell Center for Materials Research, valid for 30 days. This is an estimate only, actual instrument costs, material costs, or labor times may vary. Any individual new to the CCMR [must request a CCMR User Account](#) for billing. Instrument rates, shared facility policies, billing schedule and other information can be found at www.ccmr.cornell.edu/facilities