



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 polices, billing schedule and other information can be found at www.ccmr.cornell.edu/facilities