

Date

This project is for business purposes under the auspices of:

- NAU
- NAU Affiliate
- NACET Client

Name

Department (or affiliation)

Campus Box (or address)

Phone

Brief description of the project:

Payment Method

- NAU Account Number
- Check, Cash, or Credit Card

Intellectual Property Certification

Is this project associated with an current or anticipated intellectual property? Yes No

If yes, has this IP been disclosed? Yes No

Authorization

Signature: _____

Print Name: _____

**Complete and sign this form and return to the Research Machine Shop to initiate this project.
Questions: Greg Florian 523-7167**

Project Estimated To Be Done Estimated Cost