UMBC Graphics Lab: REQUEST FOR SERVICES Please print	To be completed by ILS Sta Estimated Cost: \$ Actual Cost: \$
Date of this Request:	
Student Name:	
UMBC Undergraduate: Summer Program Participant:	Graduate Student:
Program Affiliation:	
For what event and date is this item requested?	
Student Cell Phone: Student House/Dorm Ph	none:
ITEM REQUESTED:	
DATE DESIRED:	Please describe.
Item Title:	
Maximum or Desired Dimensions:	
Has this item been reviewed and approved by your research mentor?	Yes No
Operating Platform Used? WIndows MAC OS-X File suppli	ed via: (e-mail? Disk? Jumpdrvive?)
RESEARCH LAB or MENTOR NAME: (Please explain if other than UMBC Location:	(**************************************
FUNDING SOURCE (PeopleSoft Chartstring - required)	
TCode* Fund* Prog FIN* Dept* Account* Prog Op SOF** Debit/Credit Amount* Business Project +/- Unit	Activity Resource Resource Analysis ID Type Category Type

APPROVAL OF PERSON AUTHORIZING EXPENSE (i.e., Program Coordinator or Director):

 Signature
 Date

 Please submit completed form to:
 Tim Ford or Jeremy Swan, UMBC Illustrative Service

Tim Ford or Jeremy Swan, UMBC Illustrative Services, Biological Sciences Building - Room 102

Note: Item requested will not be released until Chart String of Funding Source and Approving Signature are obtained.