

Date:
Job Number:

UREx Services and Job Request Form
CDE2605R Undergraduate Research Experience (UREx)

A) Requestor's Details			
Submitted By:		Approved By: (Principal Investigator/Project Supervisor)	
Name		Name	
Department		Department	
Email & Contact No.		Signature	
Signature & Date		Date	

B) Details of Service/Job Request		
Workshop Name	Service/Job Request	Amount (SGD)
Total		

C) Billing Information	
Approval by PVO	The service/job request listed above is/are: <ul style="list-style-type: none"> <input type="radio"/> Approved <input type="radio"/> Not Approved
Billing WBS	E-027-00-0073-22
Name of WBS Owner: A/P Daniel PS Goh	Signature of WBS Owner:
Receiving WBS:	GL:

D) Job Verification		
I certify that the above service(s) has been carried out to my satisfaction.		
I agree to the payment of S\$ _____ for the job done.		
Student Name:	Student Signature:	Date:

Date: Job Number:
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E) For Workshop/Lab Use				
Machine Used				
Number of Hours (Machining/Fabrication)				
Materials/Cutters				
Total Costs				
Remarks				
Job Done By (Name & Signature):			Date of Completion:	

For any enquiries, please email to NUS REx at pvobox66@nus.edu.sg.