



Northern Illinois University

WORK ORDER Glassblowing Shop

Requesting Dept: _____

Date: _____

Advisor: _____

Lab #: _____

Contact Name: _____

Phone #: _____

Email: _____

Account #: _____

(Notified by email when complete)

Quantity:	Description or Drawing:	
Materials (office use only):	Cost:	
	Total:	

Completion Date: _____ Signature: _____