

No: Web Request

DESIGN & FABRICATION CENTER

Mail: CASE WESTERN RESERVE UNIVERSITY
SCHOOL of MEDICINE, rm EG-1
10900 Euclid Ave.
Cleveland, OH. 44106-4953

Deliver: CASE WESTERN RESERVE UNIVERSITY
SCHOOL of MEDICINE, D.F.C. Rm EG-1
2109 Adelbert Road
Cleveland, OH. 44106-4953

Manager: STEVEN TORONTALI Phone: 2167-368-3461 Fax: 216-368-3445 Email: sjt@case.edu

DATE IN: _____ BILLING DATES: _____ PHONE #: __368-5428_ FAX #: __368-4672__

PROJECT REQUISITIONER: __Jennifer Liang_____ EMAIL : jol@case.edu_____

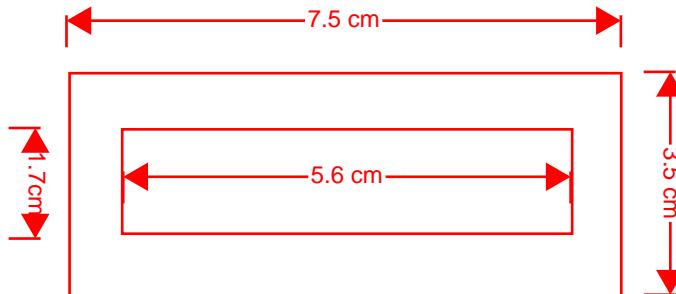
DEPT.-ADDRESS: __ Millis Science Center, rm 126_____

____ Biology Department_____

ACCOUNT # _____ PURCHASE ORDER # _I would like to put this on my P-card-please call for number _____

PROJECT COSTS: LABOR HRS. ____ = \$ ____ MATERIALS: \$ ____ TOTAL COST: \$ ____

PROJECT DESCRIPTION & NOTES: Attach any diagram or important information regarding project parameters



1. _____ brass ring for holding microscope slides _____
3. _____ thickness should be 2 mm _____ 4. _____
5. _____ please make 15 of them_____ 6. _____
7. _____ cost: \$20/ring-please let me know if cost will be higher than this _____ 8. _____