## Department of Agricultural & Biosystems Engineering

## Request for Waterjet Cutting

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| Requestor Information |
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| --- | --- | --- | --- |
| Requestor Name: |  | Date: |  |

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| --- | --- | --- | --- |
| ISU Organization: |  |  |  |
| *(Check one box)* | (i.e. department name, student club, etc.) |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | ABE Student | ☐ | ABE Research | ☐ | ABE Various | ☐ | ISU Engineering |
| ☐ | ISU Non-engineering | ☐ | ISU Student Club |

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| --- | --- | --- | --- |
| Email Address: |  | Phone: |  |

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| --- | --- |
| Date Parts Needed: |  |

Program Worktag: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_  |
| **NOTE: Material(s) to be provided by requestor unless arrangements are made with ABE waterjet staff.** |
| Part Information |
| Dimensions: Inches or mm

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity** | **Part Name or Number** | **Material Type** | **Thickness** | **Drawing Dimensions** | **Raw Material Size Provided** | **Special Instructions** |
| \*2 | \*Example Part | \*6061 Al | \*.25” | \*inches | 12”x12” | \*Cut .5” from edge |
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| Instructions |
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| Submit your request to waterjet@iastate.edu via email and attach the following items:* A signed copy of this MS Word request form
* DXF files of all part(s) in 1:1 scale (please note if part is shown in inches or millimeters)
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| ABE Contact Information |
| 1209 Sukup Hall609 Bissell RoadAmes, IA 50011-1098Disclaimer: We are not to be held responsible due to design flaws, unexpected mechanical issues, or unanticipated factors that resulted in part failure or defects. Requestor will need to provide replacement materials regardless of the reasons that lead to defective outcome. By signing this request, you have agreed to the terms and conditions mentioned above. Authorization of ChargesIn the event that a valid account number is not provided, I hereby authorize the Department of Agricultural and Biosystems Engineering permission to assess charges on my university bill for services rendered.Requester Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |