

# UTM NMR Center Work Request

Internal use ONLY

Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing information:

Fund:

CFC:

CC:

Work requested:

\*\*\* Please include sample names, solvents, concentrations, and structures \*\*\*