

UTM NMR Center Work Request

Internal use ONLY

Name: _____

Supervisor: _____

Department: _____

Phone: _____

Email: _____

Date: _____ Signature: _____

Billing information:

Fund:

CFC:

CC:

Tube No.	3-mm Tube	Sample Name	Solvent	Experiments	Initials
1					
2					
3					
4					
5					
6					
7					
8					
10					
11					

Additional Information: