VISUAL RESOURCE CENTER

☐ Missed Consult

☐ Missed Laser Appt

LASER CUTTER CONSULTATION AND APPOINTMENT

CLIENT INFO

Name: _____

CWID: _____

Email: _____ @okstate.edu

PROJECT INFO

Professor: _____

Project: _____

STAFF ONLY

	Date/Time	Staff Initials
Consult Appt:		
Test Appt:		
Laser Cut Appt:		
Reschedule:		

Send After Consult:

☐ Dropbox Link

☐ Laser Handout

MATERIAL INFO

Material Type: _____

Size: _____

☐ VRC reserved

☐ Brought their own

Job Type:

☐ Vector ☐ Raster ☐ Print + Laser ☐ Color Mapping

*Materials Should Be Approved During Consult

Consult Notes:

_____

_____

_____

_____

_____

Laser Settings:

Raster

Speed: _____

Power: _____

Engrave Direction: top-down bottom-up

Service Time: _____

Vector

Speed: _____

Power: _____

Frequency: _____

Pricing

Quantity	Material	Price	Subtotal

_____ Material Total

Client Signature: I authorize the Art Department to charge this invoice to my Bursar Account.

X _____ Signature _____ Date _____ Staff Signature