

ORDER REQUEST

Ship to attn: _____
Ship to address: _____
Vendor name: _____
Vendor address: _____
Vendor phone #: _____
Vendor fax #: _____
Vendor contact person: _____
Email address: _____

Date Submitted:

Acct to charge: _____
Contact person: _____
Office phone# & E-mail: _____
LOCATION OF ITEMS: _____ BUILDING & ROOM NO. _____

This section for Office use only
Order by: _____
Date ordered: _____
Confirmation #: _____
Date completed: _____
Requisition #: _____

| Part # for listed vendor | Description of Item(s) | Qty | Cost each unit | Total Cost |
|--------------------------|------------------------|-----|----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please Submit to A&P:

All Packing Slips
Invoices

PRICE DOCUMENTATION CHECK LIST:

Internet Checkout Printout
Faxed or E-mailed Quote from Vendor
Copy of catalog page

Computer Orders:

Contact Bill Jones for quote
<http://www.dell.com/LouisianaTechUniversity>
<http://www.hp.com/buy/latech>
<http://store.apple.com/us>
All computer purchases must be approved by:
Computing Center: Mark Shoemaker

PLEASE COMPLETE THE ENTIRE FORM AND SIGN BEFORE SUBMITTING TO THE A&P OFFICE.

APPROVED BY AD/CTR DIRECTOR: _____ DATE: _____

APPROVED BY PI (if required): _____ DATE: _____

If purchasing chemicals, are the MSDS sheets attached? _____ YES

***FOR IFM ONLY:* Is chemical on approved list? _____**

APPROVED BY COES RESEARCH FACILITIES DIRECTOR _____