

LSUHSC SCIENTIFIC SUPPLY CENTER SPECIAL ORDER FORM

ONLY ONE VENDOR PER FORM

Date: _____

Dr.: _____

Ordered by: _____

Acct: _____

Phone #: _____ Ext: _____

Bldg #: _____

Room #: _____

Vendor: _____

Department: _____

Do you want this order RUSHED? (Special shipping charges may apply) _____ Date to arrive _____

Is this specific BRAND REQUIRED? ***If YES***, check off the reason to the right and sign below. Compatibility with existing equipment

Standardization of ongoing research

Signature _____

Maintenance requirement

If NO, we will contact you for approval before ordering a less expensive substitute.

QTY	Ea/Pk/Sz/Cs	Catalog #	DESCRIPTION	OFFICE USE ONLY

P.O. # _____ Initials _____ O.E. _____ Initials _____

Comments: _____
