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 equiptment
- ☐ Standardization of ongoing research
- ☐ Maintenance requirement

Signature _____

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: _____

_____

(R 7/14)