LSU

USED EQUIPMENT JUSTIFICATION FORM

Date:	Requisition Number:
Department:	Department Head:
1. State Relevance of Purchase to your Mission, Purpose, Research, or Study:	
2. Identify Items to be Approved for Used Equipment (Note: New equipment demo'd by University will not be considered "used equipment" for this purchase.)	
3. Name of Supplier:	
Mailing Address:	
Phone: Fax: Email:	
4. Price for used equipment (supplier quote required):	5. Price for new equipment (supplier quote required):
6. Maintenance and Repair Plan:	
7. Savings accrued to University:	
8. If total amount exceeds $10,000, would following normal Purchasing procedures result in loss of this specific equipment? If so, explain and provide supplier confirmation.	

NOTE: Firm price quotation from vendor pricing the product(s) identified in section 2 must be supplied. Quoted prices shall be firm for 30 days and inclusive of all costs including transportation. Quote FOB must be FOB LSU.

By signing below all parties hereby declare the information provided herein to be true and accurate to the best of their knowledge. They understand any false or misleading information may be a violation under the La. Procurement Code and can subject them to prosecution under Louisiana Revised Statute 39: 1679.

Print Name of Requestor: _____ Signature: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Department Head Signature: _____

ATTACH TO REQUISITION WITH SUPPLIER QUOTE

FINANCE & ADMINISTRATIVE
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