



The J. Bennett Johnston, Sr. Center for Advanced Microstructures and Devices (CAMD)
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REQUEST FORM FOR PURCHASES

Purchaser's Name: _____

Purchaser's Phone Number: _____

Purchaser's Initials/Supervisor's Initials: _____

Vendor Name: _____

Vendor Phone Number: _____

Vendor Fax Number and Web Address: _____

Brief Description of Item/Items to be Purchased: (Catalog #, Item #, Quantity)

Cost of Item/Items: _\$ _____ Shipping/Handling Charges: _\$ _____

Order Needs to be Placed??: ____ YES ____ NO

Total Cost w/ S/H: _\$ _____

Purchase Order Number: _____

Date Order Placed: _____

Estimated Receiving Date: _____

Order Confirmation Number: _____

For Office Use Only:

Order Placed By (Initials): _____

Account Number to be Charged: _____

Date Received: _____

Invoice Number: _____

Credit Card Used? ____ YES ____ NO Initials: _____

