## LSUHSC SCIENTIFIC SUPPLY CENTER SPECIAL ORDER FORM

ONLY ONE VENDOR PER FORM

		Date:
Dr.:		
Acct:	Dhana #	Ext:
Bldg #:	Room #:	
Vendor:	Department:	
Do you want this order RUSHED? (Spec	cial 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

Signature \_

Standardization of ongoing research
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	
	#	Ini	tials	0.E	Initials	
Comments:						