

Laser Purchase/Transport Request

Primary Investigtor:	
Department:	Date:
Building/Address:	Room:

LASER Information:

Class of LASER:	<input type="radio"/> 1	<input type="radio"/> 1R	<input type="radio"/> 2	<input type="radio"/> 2R	<input type="radio"/> 3A	<input type="radio"/> 3B	<input type="radio"/> 4
Manufacturer:						Model #	
Description:							
Disposal Type:	<input type="radio"/> Donate		<input type="radio"/> EHS Disposal			<input type="radio"/> Disposed of Personally	
Disposal Comments:							

Responsible Person

Name:	
E-mail Address:	Contact #:
Building/Address:	Room:

Information

Orderer:	
E-mail Address:	Contact #:
Document #:	Status:
Initiator:	Created:
Purchase Order #:	EBS PO Approved:

MSU LSO Authorization	<input type="radio"/> Approved	<input type="radio"/> Denied
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MSU LSO:	Date:
Comments:	