Please complete this form before making a purchase under the Research & Innovation Department.

For verification and approval, please email the completed form to

Jenny Darisi at Jenny.Darisi@lambtoncollege.ca , Nadine Riley at Nadine.Riley@lambtoncollege.ca,

Ian Carey (LMIC) at Ian.Carey@lambtoncollege.ca , Brittany Jones (BPRC) at Brittany.Jones@lambtoncollege.ca,

or Jose Eduardo Filho (CBARN) at Jose.Filho@lambtoncollege.ca

***\*MISSING OR INCORRECT INFORMATION MAY DELAY APPROVALS AND PURCHASING\****

|  |  |  |  |
| --- | --- | --- | --- |
| **INITIATOR:** |  | **DATE:** |  |
| **PROJECT NAME:** |  | **PROJECT NO.:** |   |
| **PROJECT FUNDER:** |  | ***COST CENTRE:*** |  |
| **VENDOR:** |  | ***LAM #:*** |  |
|  |  | ***(for Co-ordinator to complete)*** |

**ITEM(s) TO BE PURCHASED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **Description** | **No. of Units** | **Cost per Unit** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL ESTIMATED COST** ***(before taxes):*** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **METHOD OF PAYMENT:** | [ ]  **On Account** | [ ]  **Purchase Order** | [ ]  **Credit Card:** |  |
| ***(select one)*** | ***(Cardholder name)*** |

|  |
| --- |
| **FOR REQ'S *(Purchase Orders)*** |
| CONFIRMATION EMAIL: |   |
| DESIRED DELIVERY DATE: |   |
| SHIP TO: | [ ] MC | [ ] RP | [ ] WC |[ ]

 (Main Campus) (Research Park) (Lambton Water Centre) (other)

|  |
| --- |
| **JUSTIFICATION FOR PURCHASE** |
|   |

|  |
| --- |
| **Facilities/IT Department Approval** |
| ***Lambton College Facilities Department reviews any purchases requiring or causing impact on the college******grounds, electrical, plumbing or HVAC systems; the IT Department for security, software or hardware purchases.*** |
| **Does this purchase need a review by the Facilities Department?**  |[ ]  **YES** |[ ]  **NO** |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **If 'Yes', date of Approval:** |  | **Facilities Ticket No.:** |   |

 |
| **Does this purchase need a review by the IT Department?** |[ ]  **YES** |[ ]  **NO** |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **If 'Yes', date of Approval:** |  | **IT Ticket No.:** |  |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Signed by:*** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Initiator** |  | **Date** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Verifier** |  | **Date** |  | **Approver** |  | **Date** |
|  |  |  | *Approved via:*  | [ ]   | Email |  [ ]  | Phone/verbal |  [ ]  |  Other: |

 |  |  |