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

For verification and approval, please email the completed form to proper Research Operations Coordinator

***\*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 |[ ]

 (Main Campus) (Research Park) (other)

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

|  |
| --- |
| **INSTALLATION LOCATION** |
|   |

|  |
| --- |
| **Health and Safety** |
| ***All equipment and chemicals purchased must follow all Lambton College policies and procedures for acquisition, use and disposal including*** [***Equipment Used on Campus***](https://www.lambtoncollege.ca/about-lambton-college/policies/details/4000-3-7-equipment-used-on-campus)***,*** [***Purchasing***](https://www.lambtoncollege.ca/about-lambton-college/policies/details/4000-2-1-purchasing)***,*** [***Responsible Conduct of Research***](https://www.lambtoncollege.ca/about-lambton-college/policies/details/2000-3-2-responsible-conduct-of-research)***,*** [***Chemical Storage***](https://www.mylambton.ca/college-information/health-safety/procedures/list-of-procedures/docs/default-source/health-safety/procedures/chemical-storage)***,*** [***Designated Substances***](https://www.mylambton.ca/college-information/health-safety/procedures/list-of-procedures/docs/default-source/health-safety/procedures/designated-substances) ***and*** [***Hazardous Waste Management Program***](https://www.mylambton.ca/college-information/health-safety/procedures/list-of-procedures/docs/default-source/health-safety/procedures/hazardous-waste-management-program)***.*** |
|  **Is the purchased material a designated substance?** |[ ]  **YES** |[ ]  **NO** |  |
|

|  |  |  |
| --- | --- | --- |
| **If 'Yes', prior to purchase or being acquired the Designated Substances procedure must be completed.**  | **H&S Ticket No.:** |  |
|  | **Date of Approval:** |  |

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| **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: |

 |  |  |