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:** |  | | | | | | | | |
|  |  |  |  | |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.:** |  | | | | | | | | |

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