Undergraduate Lab Equipment Request Application

Name:				Date:			
Requested Iten	n(s):						
Estimated Cost: Replacing Existing Equipment?		Quote Attached?		Yes	No		
		Yes	No				
						upplement teaching labs and/or leverage of distinction, and any other justification)	
Purpose:	Classroom/Teachi	ng (list class	ses below)				
Proposed locat	ion for storage/use	:					
List any specific	c requirements or a	ccommodat	ions for this ec	quipment:			
Electrical:	:			Compresse	d Air / Gas		
Maintenar	nce/Calibration:						
Safety Tra	ining:						
Other: _						NONE_	
						or present internal or external funding e and outside the College)	
Additional Cor	mments: (if necess	sary, contin	ue on next paş	ge)			