



# Laser Purchase/Transport Request

<b>Primary Investigator:</b>	
<b>Department:</b>	<b>Date:</b>
<b>Building/Address:</b>	<b>Room:</b>

**LASER Information:**

<b>Class of LASER:</b>	<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
<b>Manufacturer:</b>							<b>Model #</b>
<b>Description:</b>							
<b>Disposal Type:</b>	<input type="radio"/> <b>Donate</b>		<input type="radio"/> <b>EHS Disposal</b>			<input type="radio"/> <b>Disposed of Personally</b>	
<b>Disposal Comments:</b>							

**Responsible Person**

<b>Name:</b>	
<b>E-mail Address:</b>	<b>Contact #:</b>
<b>Building/Address:</b>	<b>Room:</b>

**Information**

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

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