

CAMD Equipment Pre-purchase Form
(Attach to purchase order)

Requestor's Name _____

Requestor's Phone Number _____

Requestor's Initials/Supervisor's initials _____

Has designated space been identified? Yes No

Will any facility modifications be required? Yes No If yes, describe below

Modifications to be completed

Anticipated receipt date of equipment: _____

Anticipated installation date: _____

Contractor installation included? Yes No

Contractor's Name (If Applicable) _____

Contractor's Phone Number _____

Approved _____

Date _____

Facility Manager