

Facility Services Purchase Approval Form

Please fill out the following and submit to ofsequipapprove@lsu.edu

Requestor Name: _____

Email: _____

Phone: _____ Date: _____

Equipment Description: _____

Manufacturer and Model: _____

Website: _____

Equipment Location: Building: _____ Room: _____

Is this a replacement for an existing piece of equipment? Yes No

Is this free standing, table top, or other type of equipment? _____

Will modifications be needed to support/mount equipment? Yes No

Will this fit through all doors, halls, and elevators for delivery?
(If using elevator will it support the weight?) Yes No

What are the electrical requirements? (i.e. 120v, 240v, outlet plug, hard wired, etc.)

Does this require plumbing, ventilation, compressed air, and/or gas? If yes please explain.

Yes No _____

For Appliances only: Is this appliance Energy Star Certified? Yes No N/A

Have you consulted EH&S for equipment safety needs? Yes No

Will the equipment require special temperature control? Yes No

List any additional services needed from Facility Services for installation of this equipment:

OFS Approval Signature: _____

Approver name and title: _____

Date of approval: _____