

THE DESIGN LAB CAPSTONE REQUISITION FORM

Fall 2024

Your Name : _____ Date of Order: _____

RPI E-Mail : _____ Phone # : _____

Complete Information for Personal Reimbursent only :

Address : _____ RIN # : _____

Purchase Components *(Attach backup sheets with item name, number and pricing. Preferrably a printout of the cart)*

VENDOR NAME: _____ Phone #: _____

Check Box if is a Chemical Purchase. Chemical Assessment & MSDA required for purchase.

Shop Fabrication: Approval (Sam Chiappone): _____

Rapid Prototyping: Approval (Sam Chiappone): _____

Assembly Help Required: Approval (Sam Chiappone): _____

Attach paper drawings and appropriate digital files for Shop Fabrication, Rapid Prototyping and Assembly Help!

Flash Drive #: _____

Team / Project Name :

Please use the scroll down menu to find your project name!

Project Engineer's Signature : _____

Approx. Total Amount of Purchases : \$ _____

Comments : _____

OFFICE USE ONLY:

Date Ordered : ____/____/____ Requisition # : _____ PO # : _____

Date Order Received : ____/____/____ Student E-mailed : _____

Received by : _____
Student Signature _____ Print Name _____

Invoice # : _____ Invoice Amount : \$ _____ Shipping Amount : \$ _____

Comments : _____