

# THE DESIGN LAB CAPSTONE REQUISITION FORM

Spring 2025

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 : \_\_\_\_\_