Laboratory Equipment Funding Disbursement Request

Department/Unit Nan	ne			
Project Title				
Principal Investigator	/Requestor			
Contact Information				
Contact information				
Date of Request				
Equipment Details				
Item Name	Specification	Quantity	Unit Cost	Total Cost
Total Amount Requested				
Justification / Purpose	е			
Expected Outcomes				
Other Remarks				
Authorized Signature				
Date				