LA TROBE UNIVERSITY
Opportunity for excellence

DEPARTMENT OF ELECTRONIC ENGINEERING
Store Requisition Form

Student Name (COMPULSORY)	**Demonstrator (STAFF ONLY)**	**Project Supervisor** (Note 1)
PLEASE PRINT NAME	PLEASE PRINT NAME / INITIALS	PLEASE PRINT NAME / INITIALS
Student Number (COMPULSORY)	**Project Title / Laboratory** (Note 1)	**Approved** Project Supervisor must sign before submitting order (Note 1)
PLEASE PRINT	PLEASE PRINT NAME	Signature. Date:

Student Email Address (COMPULSORY)
PLEASE PRINT

PARTS REQUIRED

(PLEASE PRINT. USE ADDITIONAL FORMS if insufficient space and mark as required in the lower right hand corner. Please group components, eg. resistors, capacitors, diodes.)

SUPPLIER NAME (Note 4)	SUPPLIER CODE / VALUE (Note 5)	DESCRIPTION OF PART (INCLUDE: Package Type or Footprint)	QUANTITY REQUIRED	QUANTITY SUPPLIED	STORE ACTION	RECEIVED (initial)	UNIT COST $ 0.00	QTY COST $ 0.00
						TOTAL COST:		

PLEASE READ THE FOLLOWING NOTES…

1. PROJECT SUPERVISOR'S SIGNATURE REQUIRED before goods will be picked from the store or ordered from suppliers. Demonstrators may ONLY sign for their Laboratory.
2. Submit the form between 1:30pm and 2:30pm or in the mail box located at BG 315.
3. Stocked items available for pickup from the workshop between 1:30pm and 2:30pm after notification email has been sent.
4. SUPPLIER NAME must be a local distributor, eg. Store, Electus Distribution, Radio Parts, RS Australia, Farnell
5. SUPPLIER CODE is not the manufacturer's part number, eg. MAX3222CPN from Farnell has code: 787-553. VALUE refers to STORE parts only.

I have read and understand the above notes which form the conditions of supply. Signed _____ **Date:**_____

Submit Form Between 1:30pm and 2:30pm to Workshop, Pickup Between 1:30pm and 2:30pm Mon- Fri. (Notes 2 & 3) **PAGE ___ OF ____**