

**MECHANICAL AND AEROSPACE ENGINEERING**  
HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE, UCLA  
48-121 ENGINEERING IV, 420 WESTWOOD PLAZA, LOS ANGELES CA 90095 - 1597



Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

PI/Advisor name: \_\_\_\_\_  
Account (recharge) #: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Recipient Name: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
ZIP/Postal Code: \_\_\_\_\_  
Country (If U.S., leave blank): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Is this a residential address?    Y    N

Shipping speed: \_\_\_\_\_                      Package dimension (L x W x H) \_\_\_\_\_  
Do you want insurance?                      Y    N                      If yes, value of contents: \_\_\_\_\_

*Provide a justification for purchase:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION of what is shipped

PI / Advisor Approval: \_\_\_\_\_                      Fund Manager Approval: \_\_\_\_\_