# 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**

*SHIP TO:*
UCLA/MAE Department
420 Westwood Plaza – Room # _____
Los Angeles, CA 90095-1597
ATTN: _____

*BILL TO:*
UCLA / Accounts Payable
10920 Wilshire Blvd., 5th Floor
Los Angeles, CA 90024-6502

## ORDER FORM

Requestor Name:_____
UCLA ID#: _____
Room #: _____ Phone # _____
E-mail: _____

Vendor: Thorlabs
Address: _____
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Phone: _____ Email:_____
Contact Person: _____

Date: _____
Account #: _____
PI: _____
PO # 0205 - _____

Requisition #: _____
Quotation #: _____
Date Needed: _____

**IS THIS A CHEMICAL??**

☐ Yes
CAS #_____
☐ No

*Provide a justification for purchase:*

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| QTY | UNIT | UNIT PRICE | CATALOG # | DESCRIPTION | TOTAL |
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Grand Total: $_____

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