

## **Libin Cardiovascular Institute (LCI) Research Equipment Competition**

Requestor	Department		Signature	Date
	•	1		•
	ures - confirming participation a	and use of equipme		
Requestor	Department		Signature	
Equipment Description				
Equipment name				
Equipment description				
Model				
Manufacturer				
Accessories/Options				
	ne equipment will be housed			
_	ociated with the equipment			
If applicable, competitive qu	otes provided			
quipment Cost				
Number of units requested				
Total purchase price				
Freight				
Currency Exchange				
Duty				
	Subtotal:			
	Total Cost:			
If applicable, outline funding				
Total Amount Requested fro	om the LCI Research			
<b>Equipment Competition</b>				

Note: Adjustments for tax rebates will be done at the time of award.