



CISST ERC EXPENDITURE REQUEST FORM

Requestor's Information

Name: Marcin Balicki Email: marcin@cs.jhu.edu

Date Requested: 3/3/12 Need By: standard shipping

Ship To: Johns Hopkins University Shipping Method: _____

3400 N. Charles St. x Ground _____ 3rd Day

Hackerman 112 _____ 2nd Day _____ Next Day

Baltimore MD, 21218

Vendor Information

Company Name: amazon.com Point of Contact: _____

Phone #: _____ Email: _____

Website: _____

***For Orders Over \$2500 Only:

- 1.) Is this Vendor already on the JHU Approved Vendor List? _____ (If No please complete #'s 2 & 3)
Please find Complete List of JHU Approved Vendors @ <http://ssc.jhmi.edu/supplychain/hopkinsselect.html>
- 2.) Is there a Vendor on the JHU Approved Vendor List that can provide the same Goods/Services? _____
- 3.) Please provide Approved Vendor Name Here: _____

Order Information

ITEM	PART #	QUANTITY	PRICE per UNIT	TOTAL
Oasis waterproof boroscope	Flex-Camera-7	4	\$76.98	\$307.92
Blank male mask		1	\$3.99	\$3.99
				\$0.00
				\$0.00
				\$0.00
				\$0.00

Order Total: \$311.91

Budget Information

Budget Name or Number: EyeBRP Project Name: EyeSurgeryToolTracker

Fabrication Number: _____ Approver' Signature: Waiting for RHT email

Notes: [See links below.](#)

Please submit all requests to Jamie Meehan in NEB 218 via fax (410-516-4410) or email (jmeehan@jhu.edu)