**MLS Faculty Order Form**

Medical Locked Storage – HHS 016 Health and Human Services Division [lcc-mls@star.lcc.edu](mailto:lcc-mls@star.lcc.edu)

517-483-9741

|  |  |  |  |
| --- | --- | --- | --- |
| Today's Date: | | | Campus: |
| Instructor Name: | | Cell Phone Number: | LCC Phone Number: |
| Course Code: | Earliest Delivery Date: | Delivery Date: | Delivery Time: |
|  |
| Drop Off Location: | Return Location: | Return Date: | Return time to MLS: |

* **All equipment must remain in the room to which it was delivered.**
  + **Program will be charged for items missing at time of return.**
* **All delivered equipment is considered accounted for unless it reported missing to Medical Locked Storage.**
* **Equipment damaged while in the program's care will be charged for repair or replacement.**
* **All orders must be approved by program director.**
  + **MLS is not responsible for un-approved orders.**
  + **MLS will set the Earliest Delivery Date. If the delivery date is before the required notice, then it will instead be delivered at the Earliest Delivery Date. The Earliest Delivery Date will be the date the order is received or Today’s Date plus the advanced notice requirements.**
* **Advanced notice requirements**
  + **2-week notice required for off campus supply delivery.**
  + **1-week notice required for on campus supply delivery.**

**Comments:**

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|  |
| **For Office Use Only:** |
| Billing Information: (Billing is by Course) |
| F: 11 |
| O: |
| A: 71014 |
| P: |