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***THE RESEARCH LABORATORY OF ELECTRONICS***  
**Massachusetts Institute of Technology**

***PACKING SLIP SUBSTITUTION FORM***

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**PURCHASE ORDER NUMBER(S):**

**VENDOR NAME(S):**

**COST OBJECT(S) / GL TO BE CHARGE:**

**DATE RECEIVED:**

**DESCRIPTION OF MATERIAL RECEIVED:**

**SIGNATURE:**

**TODAY'S DATE:**

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**PRINTED NAME:**

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***PLEASE COMPLETE, SIGN AND RETURN TO***

***Fionnuala Coary @ RLE HQ 36-453***