

**RETURN TO PURCHASING CLERK, ROOM 147  
DEPARTMENT OF ANIMAL AND POULTRY SCIENCE  
PURCHASE REQUISITION / RADIOACTIVE ORDERS**

Please write clearly. Please do not use Greek symbols. Spell out quantity and type (ie micro or milli)

<b>Order Date:</b>	<b>Delivery Date:</b>
<b>Supplier:</b>	<b>Deliver to:</b> (Room No., Building)
<b>Address:</b>	<b>Attention of:</b>
<b>Phone:</b>	<b>(Techn./Grad students) Phone:</b>
<b>Fax:</b>	<b>Requisition by:</b> <b>SUPERVISOR MUST SIGN</b>

**DEPARTMENT: . 108**  
**TRUST / OMAF FUND: )**

**Purpose for which material to be used:**  
**(ESSENTIAL, please complete)**

	Quantity	unit of measure	Catalogue No.	Description			Unit Price	Total
				isotope	maximum activity	product		
A								
B								
C								
D								
E								
F								

**SPECIAL INSTRUCTIONS:**

**QUOTE REFERENCE:**

**RADIATION LICENSE HOLDER'S NAME:** \_\_\_\_\_ **LICENSE:** \_\_\_\_\_