

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)

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