

**RETURN TO PURCHASING CLERK, ROOM 147
DEPARTMENT OF ANIMAL AND POULTRY SCIENCE**

PURCHASE REQUISITION

FOR OFFICE USE ONLY P.O. #: _____ Order Date: _____ Deliver Date: _____
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Please write clearly. Please do not use greek symbols. Spell out quantity and type (i.e. micro or milli)

Order Date: _____	Delivery Date: _____
Supplier: _____	Deliver to: _____ (Room No., Building)
Address: _____	Attention of: _____ (Techn./Grad students) Phone: _____
	Requisition by: _____ SUPERVISOR MUST SIGN
Tel: _____ Fax: _____	
DEPARTMENT _____ TRUST FUND _____ OMAFRA _____	Purpose for which material to be used (<u>ESSENTIAL</u> , please complete) _____ _____ _____

	Quantity	Catalogue Number	Description	Unit Price	Total
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					