

**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: