

RADIOACTIVE MATERIAL ORDERING

DOC.# _____

BO/RM/AO/MAIL/TELE. PO# _____

Vendor Name: _____

Authorized User: _____

Address 1: _____

Requested by: _____

Address 2: _____

Acct/Grant: _____

City, State, Zip: _____

Telephone No.: _____

Phone: _____

Laboratory Location: _____

Fax: _____

Today's Date: _____

Contact: **Customer Service** _____

Web: _____

Delivery required by: _____

Source for pricing: **Catalog** _____

Item	Qty	Isotope	Amount Activity in mCi	Catalog Number	Description	Unit Cost	Total
1						\$	
2							
3							
4							
5							
6							
7							
8							
9							
10	1			RAD SAFETY SURCHARGE		\$	
Freight Est.							
						Total	

TO BE FILLED IN BY PURCHASING DIVISION:

Entry date: _____ By: _____

Processed date: _____ By: _____

Placed with: _____

Est. ship date: _____

Est. arrival date: _____

Ship via: _____

Comments: