



# EHS RADIOACTIVE MATERIAL PURCHASE REQUISITION

P.O. TYPE

DATE

REQUISITION NUMBER

PI ORDERING	BUILDING	ROOM NO:	PHONE EXT:
SHIP TO ARRIVE (if needed)			

ACCOUNT NAME	ACCOUNT NUMBER	DEPARTMENT
--------------	----------------	------------

ACCOUNT EXPIRATION DATE	SHIP VIA	DIRECT	PICK-UP	SPECIAL	F.O.B.	P.O. NUMBER
-------------------------	----------	--------	---------	---------	--------	-------------

VENDOR NAME:	SELECTED VENDOR:
	COMPANY NAME:

NOTE:	ATTENTION:
-------	------------

COMPLETE ADDRESS:	COMPLETE ADDRESS:
-------------------	-------------------

CITY, STATE & ZIP:	CITY, STATE & ZIP:
--------------------	--------------------

PHONE	FAX	PHONE	FAX
-------	-----	-------	-----

QUANTITY	UNIT	CATALOG NUMBER	DESCRIPTION	DATE DUE	UNIT PRICE	EXTENDED COST
			Please Notify for Pickup (if needed):			
			Delivery Address:			
			ATTN:			
			Case Shipping and Receiving			
			2220 Circle Drive			
			Cleveland, OH 44106			

PURCHASE APPROVAL-UNIV. BUDGET	DATE	REQUISITION APPROVAL-DEPARTMENT	DATE
PURCHASE APPROVAL-UNIV. APPROVAL AUTHORITY	DATE	REQUISITION APPROVAL MANAGEMENT CENTER	DATE
EQUIPMENT MANAGER APPROVAL	DATE	DEAN OR DEPARTMENT HEAD	DATE


**Advisor/PI Approval** SIGNATURE