INTERDEPARTMENTAL REQUEST

I. R. NO. Z 50610

JOB NO. | DATE

REQUESTING DEPARTMENT | DELIVERY POINT | PHONE EXT.

ACCOUNT NAME (OR CONTRACT/GRANT NO.) | DATE WRITTEN | DATE WANTED

TO ▶ ☐ Chemistry Instrument Facility

CATALOG OR STOCK NUMBER	DESCRIPTION OF ITEMS OR SERVICES	QUANTITY REQUIRED	UNIT OF ISSUE	QUANTITY DELIVERED	UNIT PRICE	TOTAL
Blanket	Order to Use the Following Instruments					
	FTIR					
	Fluorimeter					
	UV/Vis					
	Raman					
Not to Exceed Amount ($):						
Effective Date:						
Expiration Date:						
	USER INFORMATION:					
NAME :						
WORK PHONE #:						
Principal Investigator:						

ISSUED BY	RECEIVED BY	REQUESTED BY	APPROVED BY	NET TOTAL
				SALES TAX
				GROSS TOTAL

PBR.	Originator: Enter 12 Digit Account Number →	ACCOUNT NO.	JOB NO.	REQ. NO.
				Z 50610