Ohio University **REQUISITION - This is not a Purchase Order** *revised - Procurement Services-Jul 03 740-593-1960*

Use this form only to request issue of a Purchase Order - to request payment, use the Direct Payment form

FORM # RQ200807.1135

Preferred Vendor Name & Address

Amersham, Inc.
Street Address
City, State, Zip

Phone 1-800-555-5555
Fax: 1-800-555-5556

click on red-bordered cells for instructions

DATE: 10-Nov-09

PREPARER
Name Susan Hopkins
Email hopkinss@oho.edu
Phone 593-1666

REQUESTOR
Name Susan Hopkins
Email hopkinss@oho.edu
Phone 593-1666

SHIP-TO
Name&Dept Alan Watts, RSO
Bldg Rm Hudson Health Center 204
City, St, Zip Athens, OH 45701

Dept Authorizing Signature(s) **Date**

FOR FINANCE AREA USE ONLY

Dept	Initials	Date
GAFR		
OUF		
GRANT		
PLANT		
PURCH		

Oracle Req # PO #

☐ URGENT!
Check box above only if RUSH is needed

Note to Buyer This is a sample blanket purchase order

Assigned Buyer

#	QTY	UOM	Part #	Description	Est Unit $	Est Total Line $
1	1.00	ea		Blanket Purchase Order 71/2007 - 6/30/2008	5,000.000	5,000.00
2				SDH-P32: 20 mCi Alpha ATP, CTP, GTP		
3				SDH - S35: 30 mCi Methionine/Cysteine Mixture		
4				SDH-I-125: 1 mCi Insulin		
5				See Section I, Pages 7 and 8 for additional information.		
6						
7				Est Shipping for total order (if applicable) >>>		

Need help filling out the section below? Click here

ACCOUNTING DISTRIBUTION

TOTAL $ - line items>> 5,000.00

#	FT	Fund	Org	N. Acct	Project	Task	%	qty	$ amount	#	FT	Fund	Org	N. Acct	Project	Task	%	qty	$ amount
1	000	0000	00000	000000	000000000	00	100.00%	1.00	5,000.00										

REQ STATUS: COMPLETE & CORRECT. OK TO PRINT

TOTAL $ - Acct Distribution>> 5,000.00