

Ohio University REQUISITION - This is not a Purchase Order

revised - Procurement Services-Jul 03 740-593-1960

FORM #

RQ200807.1135

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

Preferred Vendor Name & Address

click on red-bordered cells for instructions

DATE: 10-Nov-09

Amersham, Inc.

PREPARER

SHIP-TO

Street Address

Name Susan Hopkins

Name&Dept Alan Watts, RSO

City, State, Zip

Email hopkinss@oho.edu

Bldg Rm University Service Center 179

Phone 593-1666

City, St, Zip Athens, OH 45701

REQUESTOR

Dept Authorizing Signature(s) Date

Phone 1-800-555-5555

Name Susan Hopkins

Fax: 1-800-555-5556

Email hopkinss@oho.edu

Phone 593-1666

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										