



## UNIVERSITY OF TORONTO

### Purchase Request of Radioisotopes

PERMIT HOLDER: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

RADIOISOTOPE: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

CHEMICAL FORM: \_\_\_\_\_

ACTIVITY PER UNIT (mCi): \_\_\_\_\_

SUPPLIER: \_\_\_\_\_

CATALOGUE NUMBER: \_\_\_\_\_ PRICE: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

EXPECTED DELIVERY DAY: \_\_\_\_\_

DELIVERY LOCATION: \_\_\_\_\_

DELIVERY CONTACT PERSON: \_\_\_\_\_

& PHONE NUMBER: \_\_\_\_\_

CHARGE TO: Fund No: \_\_\_\_\_ Fund Centre (CFC): \_\_\_\_\_

Cost Centre (CC): \_\_\_\_\_

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_

---

To be completed by the Department Business Officer or delegate:

DOCUMENT NUMBER: \_\_\_\_\_

PURCHASE ORDER No: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_