

Notre Dame Nuclear Science Laboratory Order Request Form

Requestor's Name: _____ Date: _____

Account Charged: NSL JINA LAB Disc. Other: _____

Does this order include hazardous materials? Yes No

Radioactive materials? Yes No

Please provide a short description of the purpose of this order (i.e. with which project or equipment will it be used, is it a new installation or for repair and maintenance, etc.).

Is the order part of a constructed capital project? Yes No

If yes, which one: _____

Shipping Priority: Yes No

If yes, critical date: _____ or ASAP

Approved by: _____ (i.e. name of principal investigator, lab director, etc.)

Attached quote is from: Phone Email Current Catalog

To the best of your knowledge, have we previously ordered this from this company? Yes No

FOR OFFICE USE ONLY

Date Submitted to BuyND: _____

PO #: _____

Date Received: _____

Date Paid: _____