

Return this form to the RSO

Date: _____
Name: _____ Authorized User: _____
Building: _____ Room #: _____
Vendor: _____ Date item(s) needed by: _____
Contact Phone #: _____ Fax #: _____

Activity	Radionuclide	Chemical Compound	Supplier	Catalog #

Date Approved by RSO: _____ PR Number (Ariba#): _____

Receipt (filled out after package arrives)

Date of Receipt: _____	User: _____
Package Condition: _____	Comments: _____
Nuclide: _____	Chemical Form: _____
Transport Label:	
External Rad. Surface level: _____ mR/hr	Meter Calib. Date: _____
Background Wipe: _____ CPM	Packaging Wipe: _____ CPM
Activity: _____ mCi	Quantity: _____
Received by (print): _____	Signature: _____