

Department of Geography

## **Requisition for Laboratory Services**

CONTACT DE	ΓAILS:							
Name: Tel No:			No:	Email Address:				
Department:								
Address								
Reason for Work (	please give any re	levant det	tails):					
Administration	Departmental Teachi		g Departmental Res		Other Research	Student	External	
Method of Paym	ent;		O	D		1		
PO Number:				Depart	ment Funding F	Ref:		
Detail of Requir								
Date Work Received:				Date Work Required: an/ Requisitioner/ Other (give details)				
Work to be Com		Univer	rsity Techniciai	n/ Requis	itioner/ Other (give	e details)		
Type of Analysis	Work	Work No. Of S		Unit Cost (exc. VAT)		Total Cost (Exc VAT)		
Total Cost Exclu							£	
,								
Work Complet	ted Date:	Date:				Signature:		
					Sub Total			
					VAT @ 17.5% (External Only)	VAT @ 17.5% (External Only)		
					Total Cost			