

INTERDEPARTMENTAL REQUISITION

(Please Print)

DATE: April 15, 2019

SUPPLIER NAME: Spearlab Cryogenic Products

PTAO: 111015-101-GQ10001-31875

ADDRESS:

INDICATE ONE:

CITY/STATE:

REGULAR ORDER

TEL #: (415) 860-6170

PHONE CALL

FAX #:

FABRICATION #:

| Quantity | Catalog # | Description of Item | Unit Cost | Total Cost |
|---------------------|-----------|-----------------------|-----------|------------|
| 1 | TD1800 | Tall Cryogenic Vessel | \$180.00 | \$180.00 |
| TOTAL AMOUNT | | | | \$180.00 |

Notes:

REQUESTED BY: ecr6n

AUTHORIZED BY: _____

- Contract Vendor Used
- DMBE Minority or Woman Vendor Used¹
- No DMBE Minority or Woman Vendor avail.
- DMBE Minority or Woman Quote on file

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