

Buyer Assignment
Procedure Document

3/21/13 8:00 AM

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FILE COPY

Date Entered: 3/19/2013 *** For Biennium Starting: 2011 ***

PR #: **T749761**

Budget Title	Budget #	Dept. Contact	Phone	Box #	Principal Investigator	Grant Contract #
ISLET CELL MEMBRANE	62-5135	LINA GU	206-685-4658	358055	HAMPE, CHRISTIANE S.	2 R01 DK 026190- 24A1
Funding Source NATL INSTITUTES HEALTH						Federal Grant

Dept: 815 MED	Del No Later Than 03/22/2013	Tech Contact JARED REDTKE	Phone 206-616-0148
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Deliver To:
850 REPUBLICAN ST, ROOM S271

UNIV OF WA/SLU

SEATTLE WA 98109

Box: 358055

No Earlier Than
03/20/2013

Service Begin
00/00/00

Service End
00/00/00

ATTN: JARED RADTKE

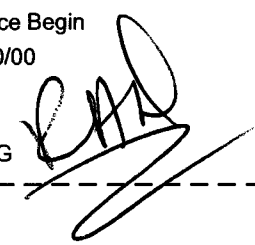
Assigned To CANDACE PLOG

Original Requisition Amt
\$523.52

Vendor: PERKIN ELMER INC
LIFE SCIENCES
549 ALBANY ST
BOSTON
ATTN:

111484 - 30

MA 02118-0000



Sole Source Justification:

Small Dollar Justification: RADIATION SAFETY ORDER

Add Attachment

General Comments:

Funding Source: NATL INST-OF-HEALTH

ITEM DESCRIPTION	QUANTITY	UNITS	UNIT PRICE	ITEM PRICE	OB-SB-SS
1 CATALOG # NEG 709A S35 METHIONINE;L-, EASYTAG UNIT SIZE: 1MCI	1.00	EA	\$478.10	\$523.52	05 32 00

T749761

Req'd #:

Request #:		749761	
Fax #: 206-543-9726		(Purchase PATH ID #575853)	
Budget Name:		Islet Cell Membrane	
Budget Number:		62-5135	
Departmental Approval By (full name please):		Jared Radtke	
Dept Contact (full name please):		Phone:	
Authorized Investigator (full name please):		Tech Contact (please type full name):	
Hampe		Jared Radtke	
Deliver to Room #:		206-616-0148	
SLU		3/22/2013 3pm	
Deliver no earlier than:		3/22/2013 8am	
Deliver no later than:		3/22/2013 3pm	
Vendor (please choose one):		Perkin Elmer Life Sci (NEN) (11484-30)	
AMERSHAM PHARMACEUTICALS (105340-06)		ICN (102410-06)	
DIAGNOSTIC PROD (110029-02)		AMER RAD CHEM (117394-03)	
Customer Account # (if known):		Customer Account # (if known):	
CATALOG #:		DESCRIPTION:	
NEG 709A		S35 Methionine-L ₃ Easytag	
QUANTITY:		1.00 EACH	
UNIT SIZE:		1 mCi	
UNIT PRICE:		\$ 478.10	
QUOTE:		Sales	
OTHER VENDOR (full legal name please):		Vendor Phone # (if known):	
DATE ORDERED:		VENDOR CONTACT:	
SHIP VIA:		REFERENCE #:	
BUYER:		HOLD:	
RADIATION SAFETY:		RADIATION SAFETY:	

APR 19 2013
RADIATION SAFETY EHRS

bhsetal