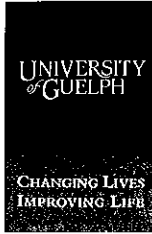


PLEASE: 1. USE BALL POINT PEN OR TYPEWRITER  
 2. FAX REQUISITION TO SUPPLIER (DO NOT FORWARD ORIGINAL)  
 3. RETAIN COPY FOR YOUR RECORDS

INSTRUCTIONS: 1. THIS FORM IS TO BE APPROVED BY PERSON SPECIFICALLY FOR YOUR DEPARTMENT  
 2. FOLLOW THE GUIDELINES GIVEN IN SUPPLIER'S CATALOGUE WHEN COMPLETING THE FORM  
 3. THE "DELIVER TO" BLOCK MUST BE COMPLETE AND ACCURATE TO ENSURE DELIVERY



INFORMATION TO BE SHOWN ON SHIPPING LABEL	
<b>SUPPLY MANAGED CONTRACT RELEASE</b>	<b>S507001</b>
SHIP TO:	<b>UNIVERSITY OF GUELPH</b>
CAMPUS	
BLDG/RM #	
DEPT	
STREET	
CITY/PROV/PC	<b>CANADA</b>
ATTN	
PHONE/EXT	

TO: (SUPPLIER - NAME, ADDRESS, POSTAL CODE)

DATE ORDERED			DATE REQUIRED			SHIP VIA AND DECLARE FULL VALUE			F.O.B. AS CONTRACTED			PAY TERMS AS CONTRACTED		
D.	M.	Y.	D.	M.	Y.									

ITEM	QUANTITY	UNIT OF MEASURE, PART NO., CODE, DESCRIPTION ETC.					UNIT PRICE	AMOUNT
<b>SAMPLE</b>								

NOTES:						<b>SUB-TOTAL</b>		
RELEASED BY _____ EXTENSION _____ AUTHORIZED BY _____						CURRENCY		TAX
						CAD <input type="checkbox"/>	USD <input type="checkbox"/>	GST <input type="checkbox"/>
						EURO <input type="checkbox"/>	GBP <input type="checkbox"/>	HST <input type="checkbox"/>
								NA <input type="checkbox"/>
						<b>TOTAL</b>		

ITEM	QTY.	3 - FUND (M)	6 - UNIT (M)	6 GRANT	6 - PROJECT	5 - OBJECT (M)	AMOUNT