Robotics Order Form

Plant-Microbe Genomics Facility
Ohio State University
420 Biological Sciences Building; 484 W. 12th Ave.
Telephone: 614/247-6204; email: pmgf@osu.edu

Name _____ Date _____

E-mail _____ Telephone _____

Principal Investigator _____ Department _____

Address _____

Internal Billing Information. If you are unsure of charge details, then please check with the PI or an administrator before ordering.

Organization	Fund	Account	Budget Year

Project (or PO # for external orders)	Program	User defined

-OSU customers, we encourage you to attach a 100W form. External customers, include your PO number, billing address, and if possible, the PO form.
-Please consult the following website for instructions on completing this form and the price schedule:
www.biosci.ohio-state.edu/~pmgf

Total Cost: _____

Number of Programs _____ X Cost per program _____ = _____

Hours of procedure _____ X Cost per hour _____ = _____

Number of tip boxes _____ X Cost per box (96) _____ = _____

Itemized list of supplies consumed:

Quantity	Product#	Product	Cost/Unit	Total Cost

Additional remarks, *i. e.* robot utilized, goal of procedure, results, name of programs, etc.: