

Service Form

Ship-To Address

Attention:
Institution:
Address:

City:
Province:
Postal Code:

Bill-To Address

Attention: Accounts Payable
Institution: University of Ottawa
Address: 451 Smyth Rd.

City: Ottawa
Province: ON
Postal Code: K1H 8M5

Contact Info for Service

Principal Investigator:
Contact Name:
Email:
Telephone Extension:
Room Number:

Service Info

Company:
Model:
Serial Number:
Reason for Service Call:

Payment

Quote Number:
Quoted Price:
Cost Centre for Payment:

If more than one cost centre,
please specify division of payment:

PO Number:

Buyer:
Email:
Telephone Extension:

Notes:



uOttawa

Faculté de médecine
Faculty of Medicine

Service des achats - Purchasing Services

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