

Food and Human Nutritional Sciences

Analytical Service Request Form

Instructions on how to process this request:

1. Please use one form per analytical request
2. The form will be completed by the **Technician**
3. The **Technician** will save the form with a unique file name i.e. file name: Surname of Financial Authority_Date_ServiceRequest_FHNS
4. Technician will obtain electronic/physical signature from the signing authority and submit to fhns.finance@umanitoba.ca
5. Save a copy of the request for your files

Name:	
Email and/or Phone:	
Department:	
Supervisor:	
Date of request:	
Date required:	
No. of samples:	
Instrument:	
Details of method if applicable:	
FOP #:	
Financial Authority on FOP (PI):	
Signature of Financial Authority	

Office Use Only:		Date:
Instrument Usage: _____	_____ x \$ _____ /hr or day =	
Total Sample _____	_____ x \$ _____ /sample =	
Other Charges (specify)		
Comments: 	TOTAL =	
TECHNICIAN:		