



**UNIVERSITY OF TORONTO**  
**Department of Chemical Engineering and Applied Chemistry**  
**Aqueous Process Engineering and Chemistry Group (APEC)**

**Job Request Form**

Date: .....

Training by APEC members mandatory prior to first individual use of any instrument

**ACCOUNT HOLDER/SUPERVISOR**

**USER/CUSTOMER**

Name: (print) .....

Name:(print) .....

Phone: .....

Dept./Company .....

Address: .....

Phone: .....

Fax: .....

**Job description/Special instructions:**

.....  
 .....  
 .....

ICP-OES

MW DIGESTION

PSA

Staff-run analysis

**Please choose one**

A) Invoice

B) Charge directly to

CC/IO

CFC

FUND

Authorization valid from \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 mth/dy/yr

to \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 mth/dy/yr

\_\_\_\_\_  
 USER/CUSTOMER SIGNATURE

\_\_\_\_\_  
 AUTHORIZED ACCOUNT HOLDER SIGNATURE

Please retain a copy for your files