

## EDINBURGH UNIVERSITY LIBRARY JOURNAL SUBSCRIPTION RECOMMENDATIONS

This form should be signed by the recommender, and counter-signed by the School's Library representative. Please complete with as many details as possible, and return to your liaison librarian.

Recommender:	Date
School:	Library site
Title of journal	
Publisher	
Frequency of issue	ISSN
Current volume number	Year
Annual subscription cost	
Do you wish us to obtain a quotation for back issues (if available)?: Yes/No	
Is the title available electronically and does this involve additional cost?	
Signature of Recommender	
Signature of School's Library Representative	Date
Other information (e.g. special funds)	

## \*\*\*\_\_\_\_\_

## For Library use only:

Signature of Budget holder	Date
Supplier	
Fund no.	
Purchase order no.	
Funds adjusted	
Order placed	

JU 5/08/02