

INTERLIBRARY LOAN REQUEST - According to the A.L.A. Interlibrary Loan Code

Date of request: 2-28-67

Remarks: xerox

2981

Borrowing Library

Fill in left half of form; send sheets A, B and C to Lending library and enclose shipping label

INTERLIBRARY LOAN LIBRARIAN
BRIGHAM YOUNG UNIVERSITY LIBRARY
PROVO, UTAH

For use of Merrill
Fold

Status fac Dept. research
(or occupation) (or firm)

Call-No.

Author (or Periodical title, vol. and year)

Akademiya Nauk SSSR, Doklady 97 1954 1023-6

Title (with author and pages for periodical articles) (incl. edition, place and date)

Gonikberg, M.G. Butuzov, V.P.; and Zhulin, V.M.

Polymerization of tetramethylethylene at pressures up to 27,500 Atm

Verified in: _____ ☐ Cannot verify

Source of reference:

If non-circulating, please send ☐ Microfilm ☐ Photoprint instead and bill us.

Lending Library

Fill in pertinent items under

REPORTS;

return sheets

B and C to

Borrowing

library

Interlibrary Loan
Extension Services
Denver Public Library
1357 Broadway
Denver, Colorado 80203

Note: No acknowledgment of receipt or return is required. The receiving library assumes responsibility for notification of non-receipt. Stamps in payment of transportation costs should accompany sheet, Notice of Return D. CHECKED BY:

REPORTS

☐ Microfilm ☐ Photoprint

Sent by ☐ BOOK RATE ☐ Express Collect

☐ Other Insured for \$ 401

Date sent 4 Charges \$

DATE DUE _____
(Or period of loan)

NOT SENT BECAUSE:

- ☐ Not in Library.
☐ Non-circulating.
Could supply ☐ Microfilm ☐ Photoprint
☐ In use now, hold placed.*
☐ Temporarily missing, being searched.*
☐ Other ☐ Suggest you request of:

*Unless available to send you within 4 weeks will consider your request cancelled as of that date.

Use sheet C for the "delay" reports.

Send 5th & 6th copy for use by Biblio Center

RECORDS:

Vol. received on:

Borrowing library fills in

Date vol. returned

By ☐ BOOK RATE ☐ Express prepaid

Other: _____ Insured for \$

RENEWALS: (Request and report back on sheet C: Interim Report)

Requested on _____

RENEWED TO: _____

(or period of renewal)

☐ OVER (if checked)

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