



Request For Chemicals

* Chemicals will not be ordered unless this completed form accompanies the Purchase Requisition.

Department: _____ Area #/Account #/Req. #: _____

Storage Location: _____ Purchase Order #: _____
(Purchasing Office Use Only)

_____ Requisition Date: _____

Contact Name: _____ Phone Number: _____

CAS Number	Chemical Name/Common Name	Manufacturer	Quantity	Chemical Type

Purchasing: Add PO# and forward copy to Risk Management.

Risk Management: Record order and forward copy to the requesting department and to Dean of College.

Print Form