Order Request

Supplier:					
Quanity		Name/description of item		Price	Total
To Order	Catalog#	include unit of measure (each, #/pack or #/case, etc)		per unit	cost
	P.O. Number:				
	Order Written by:		Supplier's Pho ne# Fax #		
	Faculty authorizing:				
	Account being used:		E-Mail:		
	Chair's Approval:				
		Office Use			
	Placed Order:				
	Paid Via:				
	Date:				
	Other Comments:				
**One Sheet for	r each Supplier				

**Please identify how you plan to dispose of used chemical if applicable:	
The Sheet for each Supplier	

^{**}Upon notification of arrival in the office you have 24 hours to remove the chemical from the office.