Chemical Purchase Order

**Requestor Information Order Date:**

Purchaser Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building & Room Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Group (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSU Account String (Fund.Dept.Cost.**Project** *[if applicable]*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Money will transferred from this account within the monthly billing cycle*

**Ordering Information** (*only Items in the Chemical Store Inventory can be ordered*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **Item #** | **Description** | **QTY** | **Unit Price** | **TOTAL** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
|  |  |  |  |  |  |

 *\*\*Notice – We will not give ethanol to anyone who cannot prove they are at least 21*

To be filled out by Chem Store personnel:

Date/initials order is placed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/initials order is filled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/initials order is closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURCHASE TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Container Barcodes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Signature Date