

College of Pharmacy
CHEMICAL ORDER FORM

Account Number _____

Order Number _____

Account Name _____

Date: _____

Date Needed: _____

VENDOR INFORMATION

Vendor Name: _____

Routine
A delivery date of two weeks and one day.

Address: _____

EMERGENCY
If needed before two weeks.

City: _____

State/Province: _____ Zip/Postal Code _____

LAB TRACKING INFORMATION

Phone Number: _____

Bldg _____ Room # _____ Lab# _____

Fax Number: _____

Person Placing Order _____

CAT. #	CAS #	Description	Quantity	Unit Price	Amount

Total: _____

Purpose of Purchase: _____

Requested By: _____

Authorized By: _____

The items requested above are for official University business.

Note: Department/Unit Administrative Staff will make a determination about the mode of purchase (E-purchase or P-card).