

## SSEBE PURCHASE REQUEST FORM

Requestors name and phone number	<i>PUBLIC PURPOSE OR RESEARCH PURPOSE IF GRANT</i>					
Vendor's Name, Phone Number						
Today's Date	Cost Center & Acct Number					
CAS Exception?	Building/Room where located					
<b><i>CHEMICALS MUST BE DELIVERED TO PSGX!</i></b>						
Are any of these items chemicals?	Chemical drop-off location:					
Gas cylinders?	Gas drop-off location:					
<b><i>HAZARDOUS ITEMS MUST BE DELIVERED TO LAB STORES!</i></b>						
Are these item(s) HAZARDOUS?						
<b><i>REFRIGERATED ITEMS MUST BE DELIVERED TO LAB STORES!</i></b>						
Do any items need Refrigeration?						
Line#	Catalog #	Quantity	Unit	Unit Price	Description (please be specific)	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
<del>Include</del> amount for Tax and Shipping if known				<b>TOTAL AMOUNT</b>		
<b>FACULTY APPROVAL</b>				Date		