Graduate Education

CHEMICALS PURCHASE REQUEST (use only for Chemicals)

***ALL FIELDS MUST BE COMPLETED***

Date: ____________________________

Submitted by: ____________________

PI Name: _________________________

Telephone: _________________________

Email Address: ____________________

Account: __________________________

VENDOR INFORMATION

Vendor Name: ______________________

Address: __________________________

City/State/Zip: ______________________

Telephone Number: __________________

Fax Number: _________________________

Contact: ___________________________

Ship order to: ☐ Chemistry Stockroom SVS ☐ Other

Main Campus

551 E University Dr.

Tempe, AZ 85287

________________________

______________

Business Purpose: ______________________

________________________________________

***PLEASE ATTACH QUOTE IF AVAILABLE***

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit</th>
<th>Catalog/Part No.</th>
<th>Description</th>
<th>Unit Price $</th>
<th>Total Cost $</th>
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Subtotal: $ ________________________

Estimated Shipping Cost: $ __________

Tax: $ ______________________

TOTAL PURCHASE COST: $ ______________________

Expense Approved by (Faculty/Staff signature): ____________________________

Signature Date

Account Authorized Signer: ____________________________

Signature Date

**CHEMICALS WILL BE SHIPPED TO THE CHEMISTRY STOCKROOM UNLESS OTHERWISE NOTED; YOU WILL BE CALLED OR EMAILED WHEN THEY ARRIVE. PLEASE SUBMIT PACKING SLIPS TO MAIL CODE 1003 IMMEDIATELY UPON RECEIPT OF ORDER**