



**Graduate College  
Chemical Expenditure/Payment Request Form**

*\*NOTE: AFTER OBTAINING REQUIRED SIGNATURES, PLEASE ALLOW 2 WORKING DAYS FOR PROCESSING\**

Campus: Payment Type: Today's Date:

Contact Name: Contact Phone:

Agency: Org: Sub-Org:

Vendor Name: Vendor Code/Affiliate ID:  
Vendor Comments:

*\*\* Examples would be address, contact, phone number for telephone orders, website for online orders, email address, etc. Not all submissions will require vendor comments.*

Object/Sub-Object	Program/Event and/or Item(s) Description	Quantity	Unit Price	Total

Description/Justification of Public/Business Purpose: Shipping  
Tax  
Tip  
Total

REQUIRED AUTHORIZATIONS AND/OR SIGNATURES

**Requested By:** Signature:   
(Print Name)

**PI Name:** Signature:   
(Print Name)

**Authorized By:** Signature:   
(Print Name)

**\*\*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\*\***