

**DEPARTMENT OF CHEMISTRY REQUISITION FORM**

Submit completed form to: [chempurch@austin.utexas.edu](mailto:chempurch@austin.utexas.edu)

DATE: _____	
FORM SUBMITTED BY _____	PHONE # _____
COURSE/PROFESSOR: _____	SIGNATURE _____
ACCOUNT NUMBER(S): _____	Ground Shipping 2-Day Shipping Next-Day Shipping
DELIVER TO: Building _____ Room # _____	

VENDOR \_\_\_\_\_ PHONE/WEBSITE \_\_\_\_\_

	DESCRIPTION	CATALOG NUMBER	CHEMICAL CAS # (REQUIRED)	QUANTITY OR SIZE	UNIT PRICE	TOTAL
1						
2						
3						
4						
5						
6						
7						

OFFICE USE ONLY		
REQUISITION # _____	PO # _____	PROCARD
ORDER # _____	VENDOR CONTACT _____	