CHEMISTRY STOCK ITEM REQUEST FORM

Date: _______________________

Item Description: _____________________________________________________________________________________

Manufacturer/Model/Size: _______________________________________________________________________________

Estimated cost per unit of measure (each, case, liter, etc.): __________________________________

Are substitute brands/models acceptable? : Yes_________ No_________

Suggested Vendor (If known): ___________________________________________

Department(s) / Shop(s) that will use: _______________________________________________

Estimated annual usage: ___________ (times per year)

If usage is less than 12 times per year, explanation validating need to stock (Critical Stock):
__________________________________

Requester:

Print _______________________________________________________________________

Sign _______________________________________________________________________

Obtain approval signatures below or attach email approval and submit to Stores Supervisor

Chemistry Department Approver: ______________________________ Date: _______________

Chemistry Chair Approver: ______________________________ Date: _________________