

# CHEMICAL PURCHASE REQUEST

REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE/EXT. NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ DELIVER TO: \_\_\_\_\_

ACCOUNT NO. CHARGED: \_\_\_\_\_ DELIVERY DATE NEEDED: \_\_\_\_\_

SHIPPING METHOD:  OVERNIGHT  GROUND  USPS  OTHER: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_ VENDOR ADDRESS: \_\_\_\_\_

VENDOR POC: \_\_\_\_\_ POC PHONE NO: \_\_\_\_\_ POC EMAIL ADDRESS: \_\_\_\_\_

Upon receipt of your order, any MSDS associated must be filed in a labeled binder. For duplicates, please use the latest revision and discard previous versions.

**\*PACKING SLIP(S) MUST BE SUBMITTED TO DESIGNATED ARAS STAFF MEMBER PLACING ORDER**

Please include a brief statement on each packing slip explaining the purpose of item(s) purchased.

Qty	Unit of Measure	Part/Item #	Description	Is Material Hazmat	Is Item in Stock	Can Delivery Date be Met	Unit Cost	Extended Cost
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

OTHER COMMENTS:

SUBTOTAL	
SHIPPING & HANDLING	
OTHER	
TOTAL	

**REQUESTOR**

- Complete Purchase Request Form.
- Forward by email to PI/Dept. Head for account approval.

**PI/DEPT HEAD**

- Approve account to be charged.
- If charged to "E" or CLA "R" account, forward the form along with your approval to Penny Oliver, Budget Director.

**OR**

If charged to "R" account other than CLA, forward the form along with your approval to Chris Armstrong, CHO.

**BUDGET DIRECTOR – PENNY OLIVER**

- Approve account charges.
- Forward form and approval by email to Chris Armstrong, CHO.

**CHO - CHRIS ARMSTRONG**

- Approve form.
- Forward form and approval to Brenda Brown, ARAS Dept.

**ARAS - BRENDA BROWN**

- Places Order.
- Notify Requestor, PI/Dept. Head & CHO when order has been placed.