Ethyl Alcohol Dispensing Request

Dept. ___________________       ROOM# _________
(JV Customers Only)       (Chem Only)
Group Name ________________________________
Quantity Requested ___________________________
Picked up by ________________________________
(Please Print)
Date ________________________________
Faculty Signature ________________________________

By signing above you agree to the following:
*For tax exempt purposes the alcohol being purchased is for research use only.*

For Stores use Only
Invoice # ________________________________

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