Ethyl Alcohol Dispensing Request Ethyl Alcohol Dispensing Request Dept. _____ ROOM#____ (Chem Only) Dept. _____ ROOM#___ (Chem Only) Group Name _____ Group Name _____ Quantity Requested _____ Quantity Requested _____ Picked up by _____(Please Print) Picked up by _____(Please Print) Date _____ Faculty Signature Faculty Signature By signing above you agree to the following: By signing above you agree to the following: For tax exempt purposes the alcohol For tax exempt purposes the alcohol being purchased is for research use only. being purchased is for research use only. For Stores use Only For Stores use Only Invoice # _____ Invoice # _____

Ethyl Alcohol Dispensing Request		
Dept I	ROOM#(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 #		

Ethyl Alcohol Dispensing Request		
Dept(JV Customers Only)	ROOM#(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 #		