**ChemStores Order Authorization Form**

**Fill out this form & email it to ChemStores (**[**cstores@uwaterloo.ca**](mailto:cstores@uwaterloo.ca)**) and CC your Supervisor/PI. Be sure to complete ALL requested information and details.**

**RECEIVING ORDER (Select one):**

**Pickup at ESC 109**

**You will be emailed once your order is ready. Pick up during normal store hours.**

**Ship order (if applicable) Building:**

**sending box back to us Room:**

**BILLING INFORMATION:**

|  |  |
| --- | --- |
| **Date order placed:** |  |
| **Requestor Name (print):** |  |
| **Department:** |  |
| **Lab/Supervisor’s name (print):** |  |
| **Account number (18 digit):** | **60490 XXXXX-XXXXX XXX** |
| **Authorized (supervisor) signature:** |  |

**Check if you would like a receipt for your order.**

**ITEM LIST:**

|  |  |  |
| --- | --- | --- |
| **ChemStores** [**product code**](https://uwaterloo.ca/chemstores/stock) | **Description** | **Quantity** |
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**Check if providing bottles for solvent refills. List bottle count x 2L/4L in quantity.**