**ChemStores Authorization Form**

**This form is to be filled out and emailed to ChemStores. Once your order is received, you will be emailed a pickup time for the current or following workday. Please send one lab member you pick up your order.**

 **Email to: Sarah Mark s2mark@uwaterloo.ca and Vladimir Miskovic vmiskovi@uwaterloo.ca as well as your supervisor.**

**Billing information required**

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| --- | --- |
| **DATE:**  |  |
| **Requestor Name (print):**  |  |
| **Department:**  |  |
| **Supervisor’s name (print):**  |  |
| **Building:**  | **Room #:**  |
| **Account number to charge**  **(18 digit):**  |  |
| **Authorized signature:**  |  |

**ITEM DESCRIPTION LIST:**

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| --- | --- |
| **DESCRIPTION**  | **QUANTITY**  |
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