**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**

|  |  |
| --- | --- |
| **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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