CHEMICAL INVENTORY INVOICE

Institution Name
Department of Laboratory Safety

Invoice #: _____
Date: _____
PO #: _____

BILLING TO:

Principal Investigator: _____
Department/Lab: _____
Building/Room: _____

SUPPLIER INFORMATION:

Vendor Name: _____
Account Number: _____
Contact Email: _____

CAS Number	Chemical Description / Grade	Qty	Unit Size	Unit Price	Total

Subtotal: $_____
Hazmat Fee: $_____

Total Due: $_____

Certification: I certify that the items listed above have been received and entered into the Institutional Chemical Tracking Database.

Authorized Signature: _____ Date: _____