CHEMICAL INVENTORY INVOICE

Laboratory Services Division

Invoice #: _____

Date: _____

BILLING TO:

_____

_____

_____

PROJECT/DEPARTMENT:

_____

PO Number: _____

CAS Number	Chemical Description / Grade	Qty	Unit Price	Total

Subtotal: $_____
Hazmat Fee: $_____

Total Due: $_____

Notes: All chemicals must be handled according to provided SDS. Please reference the Invoice Number on all payments.

Authorized Signature: _____