CHEMICAL INVENTORY INVOICE

Research Lab Supply Corp.

Invoice #: _____
Date: _____

Bill To:

_____
_____
Attn: Principal Investigator
Ship To (Lab Location):

_____
_____
Building/Room: _____

CAS Number	Description / Chemical Name	Grade / Purity	Quantity	Unit Size	Unit Price	Total

Subtotal: $_____
Hazardous Handling: $_____
Tax: $_____

Total Amount: $_____

Safety Compliance: All chemicals listed above are for R&D use only. SDS sheets are included in the shipment. Recipient must verify GHS labeling upon arrival.

Terms: Net 30. Please include Invoice Number on all remittances.
Certification: All reagents meet the specified analytical standards indicated in the COA.