CHEMICAL INVENTORY INVOICE

Facility ID: [ID-NUMBER]

Date: [DD/MM/YYYY]
Invoice #: [00000]

Supplier / Lab Origin:
[Entity Name]
[Street Address]
[City, State, Zip]
[Contact Phone]
Consignee / Billing:
[Department Name]
[Building/Room Number]
[Account/Project Code]

CAS Number	Substance Description	Purity / Grade	UN/NA ID	Qty	Unit Price	Total

Regulatory Compliance: All substances listed above must be handled in accordance with OSHA Hazard Communication Standard (29 CFR 1910.1200). SDS documentation must be updated in the digital inventory upon receipt.

Subtotal: $0.00

Hazmat Handling Fee: $0.00

TOTAL DUE: $0.00

Authorized Signature: _____ Date: _____