

Department of Medicinal Chemistry

Order Form

For Office Use Only	
Date:	
MDCM PO No. :	
PeopleSoft PO No.:	
Vendor Ref. No.:	

DATE: _____

VENDOR: _____

ADDRESS: _____

PHONE: _____

Aldrich, Sigma, Fluka, Supelco

Fisher Scientific

(Enter Vendor data if you did not select Aldrich or Fisher)

QUANTITY	UNIT <small>(ea., box, gram, ml, L)</small>	CATALOG NUMBER	ITEM / DESCRIPTION	PRICE	TOTAL	STATUS

Equipment Purchase? ___ Yes ___ No

Radioactive Material(s)? ___ Yes ___ No

Account Number: _____

Buyer: _____

PI: _____

(signature)

Shipping Method Requested:	
No rush: _____	----> <i>NO RUSH: You will be notified of backordered items only if estimated lead time exceeds 2 weeks!</i>
Date Needed: ___/___/___	----> Use most economical shipping method available to receive on or before this date.
ASAP: _____	----> PAY EXTRA TO RECEIVE IMMEDIATELY!