Environmental Health and Safety

Campus Storeroom Requisition and Billing Form

- If TOTAL is \$1,000 to \$3,999.00 the end user is required to have one (1) quote— and MUST include any shipping/freight charges.
- If TOTAL is \$4,000 to \$24,999, it will be bid by the purchasing office (or Shared Services) and approved by OPM (Office of Procurement Management)
 - o If a sole source is necessary, MUST provide digitally SIGNED to EHS.Storeroom@sdsmt.edu

Signing this form authorizes the Storeroom to bill the following index code for items purchased, plus freight and processing fees. Submit FULLY completed forms to the Chemical Storeroom.

Name of Requestor:				Date:				
<u>Department & Contact Information of Requestor:</u> (Please provide e-mail address or phone number.)				Signature of Person Responsible for Index Code: (Signature allows purchase to be directly placed on index code provided)				
(Flease provide e-mail address of phone number.)				(,		
Vendor:				Index Code:				
Vend	or Addres	<u>s</u> :		Vendor Phone & Fax Number:				
			GL 1 (10 1					
Shipping Selection: Check one (if nothing checked - will assume Standard/Ground) (faster shipping selection may reflect higher shipping cost)								
Standard/Ground 2-Day Over Additional Inventory Control Questions:				rnight Person Responsible Initials Additional Inventory Control Questions:				
Building & Room where items will be stored:				Where in the Room (flame or corrosive cabinet, etc.):				
Does this contain Temp. Controlled items:				If needed, what temperature:				
Qnty	Size	Catalog #	Description of	f Item	Unit Price	Total		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
Additional Lines on Back								
Sub-Total \$								
Ship	ping/Ha	ndling	\$					
Tota	.1		\$					

Qnty	Size	Catalog #	Description of Item	Unit Price	Total
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