THE UNIVERSITY of NORTH CAROLINA GREENSBORO

ORPHAN CHEMICAL ACQUISTION FORM

Name:	Dept:	Date:
	Deliver to:	Phone:

Chemical Requested (please print legibly)

Chemical Name	Orphan Chemical Number	Size of Container	Physical State of Chemical

I hereby declare that the chemicals requested will be used for University related experiments and /or research.

Signature:	Date:
Received Safety:	Date: