

Gas Cylinder and Laboratory Alcohol Request Form

Material Control and Asset Management

CRB, Room 103

Phone: 256-824-6315

Fax: 256-824-7448

Date:

Important Instructions and Information

- Completion of the Gas Cylinder and Laboratory Alcohol Request Form is required prior to requisitioning containerized gas or laboratory alcohol.
- Requests not bearing the authorized Departmental, Principle Investigator, or Budget Unit Head signature or not properly completed cannot be processed.
- This form is used to assist in conduction property accountability and inventory actions and payment of rental and usage fees.
- To expedite delivery, fax or hand deliver your request to the Central Receiving Building, Room 103.
- This form must also be used to record all gas containers to be returned to the vendor. Any empty or unused gas containers must be noted at the bottom of this form by either the cylinder ID or serial number and location. The authorization to return must be signed and dated by the Principle Investigator or Budget Unit Head. No containers will be picked up without the appropriate signature.
- A completed copy of this form, with the vendor's signature, delivery date, and pick up date will be faxed to you for your records.
- Any Organization Number or Funds found to be inactive or not data-enterable will be charged back to your home labor account.

Type of Gas or Alcohol	Quantity	Size and Purity	Requesting Department	Custodian Name	Delivery Location: Building and Room	Account Number

Name of Departmental or Principle Investigator**:	_Phone:
Signature of Departmental or Principle Investigator**:	Date:
Name of Budget Unit Head:	Phone:

Signature of Budget Unit Head:	

** for Contracts & Grants accounts

Gas Container Authorized Return

Request Date:	Fax				
Container ID or Serial Number	Pick Up Location	Name of Authorized Signer	Authorized Signature		
Delivery Date:	Vendor Signa	Vendor Signature:			
Pick Up Date:	Central Rece	Central Receiving Signature:			