



Material Control and Asset Management, CRB, Room 103

Phone: (256) 824-6315 / Fax: (256) 824-7448

**GAS CYLINDER / LABORATORY ALCOHOL REQUEST FORM**

**NOTICE:** Completion of Gas Cylinder/Laboratory Alcohol Request Form(s) is/are required prior to requisitioning containerized gas and/or laboratory alcohol. Request not bearing the authorized Departmental PI or Budget Unit Head's 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.* **Note: This form must also be used to record all gas containers to be returned to the vendor. Any empty or unused gas container(s) must be noted at the bottom of this form by either the cylinder ID (or serial number), location and the authorization to return must be signed and dated by the PI 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. NOTE: ANY ORG/FUNDS FOUND TO BE INACTIVE OR NOT DATA-ENTERABLE WILL BE CHARGED BACK TO YOUR HOME LABOR ACCOUNT.**

TYPE OF GAS OR ALCOHOL	QTY	SIZE and/or PURITY	REQUESTING DEPARTMENT	CUSTODIAN (NAME)	DELIVERY LOCATION (BLDG AND ROOM NO.)	ACCOUNT NO.

_____ / _____ NAME OF DEPARTMENTAL OR PRINCIPLE INVESTIGATOR      PHONE NO. ( FOR C & G ACCOUNTS ) (PLEASE PRINT)		_____ / _____ Signature of DEPARTMENTAL OR PRINCIPLE INVESTIGATOR      PHONE NO. ( FOR C&G ACCOUNTS )	
_____ / _____ NAME OF BUDGET UNIT HEAD (PLEASE PRINT)      PHONE NO.		_____ / _____ SIGNATURE OF BUDGET UNIT HEAD      DATE	

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**Gas Container Authorized Return: Request Date: \_\_\_\_\_ Fax Number: \_\_\_\_\_**

Container ID or Serial Number:	Pick-Up Location:	Authorized Signature:	Signature (Please Print):

**Delivery Date:** \_\_\_\_\_ **Vendor's Signature:** \_\_\_\_\_  
**Pick-Up Date:** \_\_\_\_\_ **Central Receiving Signature:** \_\_\_\_\_