Chemical Redistribution Program

Chemical Order Form

Date: _____ PI Name: _____

Requester: _____ Building: _____

Room #: _____

Phone #: _____ Email: _____

Text when order is ready □ Call when order is ready □

Chemical Name	Inventory Item #

Please email completed form to hazmat@missouri.edu. We will contact you when you order is ready for curbside pickup.