

**6 F L H Q F H REQUEST FORM**

Email: chemstor@uwo.ca

RECOMMENDED SUPPLIER:

(ONE Per Form Please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

UWO PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

UWO ID #: \_\_\_\_\_

SPEEDCODE: \_\_\_\_\_

QUOTE #: \_\_\_\_\_

DATE REQ'D \_\_\_\_\_

QTY	UNIT/ SIZE	CATALOG NO.	DESCRIPTION	UNIT PRICE

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
PI Signature: