# Request for User Card Chemistry Stockroom Account

## Department of Chemistry, Colorado State University

Customer Name: _____

Department Name: _____

Campus Delivery #: _____

(If location is _not_ Fort Collins, CO 80523)

    City: _____ State: _____ Zip: _____

Customer Phone (Local only): _____

Customer Email (@colostate.edu only): _____

Seven Digit Kuali Fund #: _____ Kuali Object Code#: _____

Department Accountant Contact Name: _____

Department Accountant Contact Email (@colostate.edu only): _____

Department Accountant Contact Phone: _____

Note: User Cards automatically receive a 21% discount on all stockroom purchases. Each department is responsible for tracking their purchases and not overspending a fund. Only one fund number is allowed per stockroom account. If multiple fund numbers are to be used, a separate card for each fund number is needed. It is the department's responsibility to contact the Chemistry Stockroom of any funding changes at chem_stockroom@colostate.edu.

Authorized Signature: _____ Date: _____

(Accountant contact)

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## (For Internal Use Only)

_____     _____     _____

Pick up Signature     Customer Card ID (ex. Z123)     Employee Initials

Policy Form Given ☐