

CHEMISTRY DEPARTMENT

Request for Stockroom Privileges

(Please Print Clearly)

_____	_____	
Last Name	First Name	
_____	_____	
E-Mail (must be an @buffalo.edu account)	Phone #	UB ID #

_____	_____	_____	_____
Department	PI Name	Building	Room #

Individuals in the following categories may be granted the privilege of withdrawing supplies and chemicals from the Chemistry Department Stockroom, Room 130 NSC. Please specify your status in the list below by putting a check mark on the line next to the appropriate category (consult with your research advisor).

- ___ Graduate Student cleared for MS/MA research
- ___ Graduate Student cleared for Ph.D. research
- ___ Technical Assistant
- ___ Postdoctoral Fellow
- ___ Other (explain)

<p>CHEMISTRY DEPARTMENT ONLY:</p> <p>___ Undergraduate Chemistry major engaged in Senior Research</p> <p>___ Visitor to the Chemistry Department</p>
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Materials may be checked out from the Stockroom only in connection with performing the duties required by your appointment. The withdrawal of materials from the Chemistry Stockroom and the use of facilities, services, and equipment under the jurisdiction of the Chemistry Department is a privilege. Persons checking out materials in their own name for use by others or making use of these facilities, services, or equipment for any purpose other than that checked above will lose these privileges and may be subject to other penalties.

This applicant also accepts personal fiscal responsibility for the amount of items in excess of the amount not repaid to the Chemistry Department by his or her supervisor.

The undersigned certifies that they have read and understand the above regulations, and the applicant accepts them as a condition for the privilege of using the Chemistry Departmental Stockroom.

_____	_____
SIGNATURE	DATE

I certify that the above information is correct: _____
Signature of Faculty Supervisor

Non-Chemistry Department Personnel: Return this form to your Department's Main Office for further processing: Chemistry Department Personnel: Return to Chemistry Accounts Payable mailbox in the Chemistry Main Office (NSC 359).

<i>TO BE FILLED OUT BY OFFICIAL DEPARTMENT STAFF ONLY</i>	
_____	_____
Non-Chemistry Department Authorized Designee Signature of Information Verification	Date

_____	_____
Approved by Laboratory Manager	Date
Cards received by: _____	_____
Signature of Requestor	Date