REQUEST FORM TO ACTIVATE FIELDS FOR CHEMICAL INVENTORY IN MARKETPLACE

Dept Name* _______________________________ Dept Number* ________________________________

Name __________________________________ Date ___________________________

Phone Number ___________________________ Campus Box ___________________________

I acknowledge that our personnel have completed training and understand the additional steps needed to support the chemical inventory system. By completing this form, I am requesting that IS&T activate the new purchasing process for chemicals (code 34-15). I understand that our personnel will be responsible for completing the new items to the best of their ability.

Note: A single activation form for the department(s) will allow all personnel within the department(s) who has access to Marketplace to use this feature.

__________________________________________________
Department Business Manager (Print)

__________________________________________________ Date _______________________
Department Business Manager

__________________________________________________ Date _______________________
Department Head (optional)

Please send completed forms by interoffice mail to Environmental Health & Safety, Campus Box 8229 or by fax at 362-1995. If you have any questions, please feel free to contact Richard Luhman by email (luhmanr@wusm.wustl.edu) or by phone (747-6549).

* If your department has more than one number, please enter that information on the attached sheet.
REQUEST FORM TO ACTIVATE FIELDS FOR CHEMICAL INVENTORY IN MARKETPLACE

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________

Dept Name ______________________________ Dept Number __________________________