

Chemical ordering form (For AP only)

AP ref. no. _____

To be completed by the AP's representative										
Nature of Expenditure / How the chemical will be used? << Please tick the appropriate box below >>										
<input type="checkbox"/> Research Expenditure <input type="checkbox"/> To support the operation of laboratories/cleanroom of AP										
To be completed by the requester										
Full Name (in English): _____	<u>Stamp (For AP office use only):</u> 									
Email: _____										
Telephone: _____										
Conflict of Interest: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Signature: _____										
To be completed by the requester's supervisor										
Full Name (in English): _____										
Signature: _____										
Date: _____										
Conflict of Interest: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Charging Account: _____	<< The account must be valid for at least 3 months >>									
Chemical information										
Supplier: _____										
	GHS hazard pictograms*									
Chemical Name, quantities										
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Please check and tick the appropriate GHS hazard pictogram(s). For more details, please refer to note 3 in declaration session ("Central Chemical Purchase" document, page 8 to page 11).										
Declaration <<Please tick the box after read the below notes>>										
<input type="checkbox"/> We have read the notes below and agree to comply with the policies and regulations.										
<ol style="list-style-type: none"> 1. Only AP personnel with chemical training is allowed to use this order form. 2. This form should be completed with signatures. The completed form and the corresponding quotation should be sent to Mr. CHAN Tsz Lam (Lam Two) at room FJ705. 3. For more information about the central chemical purchase, please visit: http://mlm.polyu.edu.hk/intimate/templates/images/70/160930/CENTRAL_CHEMICAL_PURCHASE_29.9.2016.pdf 										
For office use only										
No. of invoice attached: _____	Invoice no. _____							Total amount: _____		
Shipping location: _____	HSEO ref. no.: _____							Remark: _____		