

IGERT Order Form

Vendor Name _____

Date: _____

Name: _____

Phone: _____

Phone: _____

E-Mail: _____

Website: _____

Order contains chemicals
 for a CME lab? _____

Item #	Description	QTY	Unit	Unit Cost	Total
Subtotal					
Shipping					
Total					

Please Indicate Shipping Needs:

Ground _____
 2nd Day _____
 Overnight _____

Please return form to 162A FPAT or email to igert@enr.uky.edu