

Texas A&M University
Department of Chemistry

AggieBuy Authorization

Name: _____

UIN: _____

Date: _____

Advisor: _____

Account/Project#: _____

Length of Stay: Permanent: _____ If Temporary, How Long? _____

Office Phone Number: _____ Home Phone Number: _____

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Is this individual:

- A TAMU Faculty/Dept. Staff _____
- A TAMU Research Staff _____
- A TAMU Student
 - Graduate _____
 - Undergraduate _____
- Other _____

Advisor's Signature [Required]

Please return this form to Chemistry Building Room 122.

OFFICE USE ONLY

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