

Clear Form



UNIVERSITY OF KENTUCKY
CYLINDER GAS ORDER

Date Ordered: _____

Date Needed: _____

Ordered By: _____

Phone No: _____

Department Name: _____

UK Customer ID: _____

Delivery Address: _____

Attention: _____

Contract Item Number	Description / Type / Grade of Gas / Pressure	Cylinder Size	Quantity

Special Instructions / Credit Card Info:

CONFIRMATION

Order Received By: _____

Schedule Delivery Date: _____

Shipper Number: _____

Orders placed by 5PM each day will be scheduled for next day delivery