

**OHIO WATER MICROBIOLOGY LABORATORY
EXPENDABLE SUPPLIES REQUEST FORM**

Name: _____ Account No.: _____

| Media | Amount (plates or bottles) | Date Needed |
|----------|-------------------------------|----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

| Buffer | Amount (500mL or 99mL bottles) | Date Needed |
|----------|-----------------------------------|----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

| Other Supplies | Amount (include units) | Date Needed |
|----------------|---------------------------|----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

Address: _____ Phone #: _____

RETURN TO Amie Brady