

DUKE UNIVERSITY GAS ORDER FORM

EMAIL TO:

DU.Orders@airgas.com

\*NAME : \_\_\_\_\_ \*PHONE # : \_\_\_\_\_

\*BLDG : \_\_\_\_\_ \*DELIVERY ROOM # : \_\_\_\_\_

\* EMAIL ADDRESS : \_\_\_\_\_ OFFICE # : \_\_\_\_\_

PURCHASE ORDER # \_\_\_\_\_ \* DATE : \_\_\_\_\_

\*COST OBJECT CODE/CREDIT CARD # : \_\_\_\_\_

ACCOUNT # : \_\_\_\_\_

( \* THESE MUST BE FILLED IN BEFORE AN ORDER CAN BE PROCESSED )

<u>TYPE OF GAS</u>	<u>AIRGAS PART #</u>	<u>OLD PART #</u>	<u># OF TANKS</u>
MEDICAL GRADE CO2 SIZE G	CD USP50	MCDG	_____
MEDICAL GRADE NITROGEN SIZE H	NI NF300	MNIH	_____
MEDICAL GRADE OXYGEN SIZE H	OX USP250	MO282	_____
NITROGEN PREPURIFIED SIZE H	NI PP300	NIP300	_____
5%CO2 / 95%O2 SIZE G	Z02AI9512000012	MM3G	_____
UHP HELIUM SIZE 300CF	HE UHP300	325041	_____
UHP NITROGEN SIZE 300CF	NI UHP300	475041	_____
20% OXYGEN BAL HELIUM (HELIOX)	Z02HE8012003019	MM5G1	_____
LIQUID NITROGEN (LOW PRESSURE)	NI 160LT22	LNS160	_____
(LOW PRESSURE)	NI 240LT22	LNS240	_____
(HIGH PRESSURE)	NI 180LT230	LNS50	_____
(LOW PRESSURE)	NI 180LT22	LNS50L	_____
(HIGH PRESSURE)	NI 230LT230	LNS65	_____
(LOW PRESSURE)	NI 230LT22	LNS65	_____
(CUSTOMER OWNED)	NI 240LT22C	LN45C	_____
( DEWAR REFILL)	NI NFDEWARREFILL	LMNFDC	_____

OTHER GASES PLEASE SPECIFY:

\_\_\_\_\_

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TO BETTER SERVE YOU FOR NEXT DAY QUALITY SERVICE, WE ASK THAT ALL ORDERS BE SENT IN TO AIRGAS BY 3:00 PM EACH DAY.

If you have any questions please call Rodney Jones at 919-544-9699.