

**GENERAL STORES  
ALCOHOL FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
(PLEASE PRINT)

BLDG: \_\_\_\_\_ ROOM #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DESCRIPTION OF ALCOHOL USE: \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT OF ISSUE
_____	ABSOLUTE 200 PROOF ETHANOL	GALLON
_____	ABSOLUTE 200 PROOF ETHANOL	5 GALLON
_____	ABSOLUTE 200 PROOF ETHANOL	CS/24 PINTS
_____	190 PROOF – 95% ETHANOL	GALLON
_____	190 PROOF – 95% ETHANOL	5 GALLON

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL INVESTIGATOR OR BUSINESS MANAGER

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