

# Purchase of Dry Gas for Preliminary Breath Tests

Form must be completed electronically and returned in PDF file format.

Description	Unit Price*	Quantity	Total
Approved Michigan Dry Gas Cylinder 0.08 105L			
Shipping for Dry Gas Cylinder			

\* Note: Prices are subject to change if there is an increase from the vendor.

Date			
Rank and name of person requesting dry gas			
Email address of person who will receive invoice			
Agency name			
Shipping street address	City	State MI	Zip
Approved by (name and badge number)			
Accounting Template (MSP only)			

My signature below certifies that I have read and agree to the terms outlined in the form [instructions](#).

Approving member's electronic signature

Once completed email this form to [MSP-Alcoholunit@michigan.gov](mailto:MSP-Alcoholunit@michigan.gov).