**IACUC VERTEBRATE ANIMALS ORDER REQUEST**

|  |  |  |
| --- | --- | --- |
|  | **E-MAIL REQUEST TO: Arlene Hill** | [**ahill@latech.edu**](mailto:ahill@latech.edu) |
|  | **Cc: Dr. Xuan Liu, IACUC Chair & Director of Animal Care** | [**xliu@latech.edu**](mailto:xliu@latech.edu) |
|  | **Cc:** *(Your Director’s name)* | **E-mail:** |

|  |  |
| --- | --- |
| **Date Submitted:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ship to Attn: |  | | |  | Acct to charge: | |  | | | | |
|  |  | | |  |  | |  | | | | |
| Ship to address: |  | | |  | Contact person: | |  | | | | |
|  |  | | |  |  | |  | | | | |
| Vendor name: |  | | |  | Office phone# | |  | | | | |
|  |  | | |  |  | |  | | | | |
| Vendor address: |  | | |  | Bill to address: | |  | | | | |
|  |  | | |  |  | |  | | | | |
| **Approved**  **Protocol Number/Date:** | | |  |  |  | |  | | | | |
|  |  | | |  |  | | | | | |  |
| Vendor phone #: |  | | |  | Order by: | | |  | | | |
|  |  | | |  |  | | |  | | | |
| Vendor fax #: |  | | |  | Date ordered: | | |  | | | |
|  |  | | |  |  | | |  | | | |
| Vendor contact person: |  | | |  | Confirmation #: | | |  | | | |
| Email address: |  | | |  |  | | |  | | | |
|  | **ATTACH QUOTE IF APPLICABLE** | | |  | Date completed: | | |  | | | |
|  |  | | |  | Requisition # | | |  | | | |
| **Item # for listed vendor** | | **Description of Item(s)** | | | | **Qty** | | | **Cost each unit** | **Total Cost** | |
|  | |  | | | |  | | |  |  | |
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|  | |  | | | |  | | |  |  | |
|  | |  | | | | **GRAND** | | | **TOTAL** |  | |

Reviewed and logged by IACUC Representative & Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Rev. June 10, 2022*