**IACUC VERTEBRATE ANIMALS ORDER REQUEST**

|  |  |  |
| --- | --- | --- |
|  | **E-MAIL REQUEST TO: Arlene Hill** | **ahill@latech.edu** |
|  | **Cc: Dr. Xuan Liu, IACUC Chair & Director of Animal Care**  | **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **GRAND**  | **TOTAL** |  |

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

*Rev. June 10, 2022*