



UNIVERSITY VETERINARIAN & ANIMAL RESOURCES
ANIMAL PURCHASE REQUEST FORM

PLEASE USE ONE FORM PER VENDOR

DATE REQUEST SUBMITTED			PLEASE SELECT ONE		
			<input type="checkbox"/> LS1 <input type="checkbox"/> ILSB <input type="checkbox"/> VTCRI		
DATE NEEDED			DATE NEEDED		
SPECIES			SPECIES		
STRAIN			STRAIN		
SEX	AGE RANGE	QUANTITY	SEX	AGE RANGE	QUANTITY
PREFERRED VENDOR			PREFERRED VENDOR		
DESTINATION BUILDING / ROOM #			DESTINATION BUILDING / ROOM #		
HOUSING SYSTEM			HOUSING SYSTEM		
<input type="checkbox"/> ABSL-1 <input type="checkbox"/> ABSL-2			<input type="checkbox"/> ABSL-1 <input type="checkbox"/> ABSL-2		
SPECIAL INSTRUCTIONS					
REQUESTING PI	SIGNATURE OF PI OR DESIGNEE		IACUC #	ACCOUNT/FUND #	

Please email this form to LARanimals@vt.edu

OFFICE USE ONLY			
DATE ORDERED	ORDERED BY	SHIPPING DATE	ARRIVAL DATE
	Erin Kinder		
PO #	PURCHASE #	SHIP TO #	SOLD TO #
VENDOR	ORDER COMPLETE	RECEIVED BY	
VENDOR CONTACT PERSON	VENDOR CONTROL #	ISR #	INVOICE #