

## **ACO Animal Purchase Request Form**

This form must be submitted 10 days prior to requested delivery date.

Animal strains must be approved on the protocol # requested.

Animals require a minimum 5-day acclimation period after arrival before use in procedures.

					elivery Date:				
	PI Name:		Em	nail:			Ph	one #:	
	Lab Conta	act:		Phone #:		Email:			<u></u>
	Business	Contact:	Phone	#:	Ema	il:			
	Vendor Co	ontact:		Phone #:		Email:	:		
	Acct	Bus.Unit	Fund Code	Dept. ID	Program	Projec	ct	Speed Type	State/Local
	Code			'				, ,,	
	54005								
	34003								
	Animal s	trains must b	e approved on ျ	protocol # prov	rided. Cost Cer PI Name:	nter infor	mation mu		
	Signatu	re:		Sign	nature:				
					signatures are re				
	will be retu	urned to the PI ur	ntil the correct nam		when ordering rese rder form and/or ad	lded to the I	IACUC protoc	col.	
Strain/Stock #	Quantity	Species	Strain			Gender	Weight/Age	Unit Price	Extension
								Shipping	
								Shipping Box charge	
								Box charge Fuel Charge	
								Box charge Fuel Charge Surcharge	
								Box charge Fuel Charge	
			iber per Group					Box charge Fuel Charge Surcharge	
FOR ACO C	DFFICE US	ecial handling? E ONLY:Ordered by:	Confirmatio	on Number:		Vendor Con		Box charge Fuel Charge Surcharge Total	