



## 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"/> FBRI <input type="checkbox"/> CVM

DATE NEEDED		
SPECIES		
STRAIN		
SEX	AGE RANGE	QUANTITY
PREFERRED VENDOR		
DESTINATION BUILDING / ROOM #		
HOUSING SYSTEM		
<input type="checkbox"/> ABSL-1 <input type="checkbox"/> ABSL-2 <input type="checkbox"/> ABSL-3		

DATE NEEDED		
SPECIES		
STRAIN		
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<input type="checkbox"/> ABSL-1 <input type="checkbox"/> ABSL-2 <input type="checkbox"/> ABSL-3		

SPECIAL INSTRUCTIONS

REQUESTING P.I.	
SIGNATURE OF P.I. OR DESIGNEE	
IACUC #	ACCOUNT/FUND #

Please email this form to [LARanimals@vt.edu](mailto:LARanimals@vt.edu)

OFFICE USE ONLY			
DATE ORDERED	ORDERED BY	SHIPPING DATE	ARRIVAL DATE
P.O. #	EXCEL #	SHIP TO #	SOLD TO #
VENDOR	ORDER COMPLETE	RECEIVED BY	
VENDOR CONTACT PERSON	VENDOR CONTROL #	ISR #	INVOICE #