



ANIMAL PURCHASE REQUEST

PO#/P-card# _____

LAST NAME:	DATE NEEDED:
Date of request:	Student Name(s), or N/A:

Entity	Department	Object	Restriction	Designation (# or name)	Activity
311	Other:	Other:			
VENDOR:			PHONE:		
ADDRESS:			FAX:		
NOTES:					

Is your IACUC Approval Letter on File?

Yes

No

Protocol Number:

White or Clear Cages?

White

Clear

Microisolator Lid:

Yes

No

Housing Preference:

Single

Group Housing:

Pairs

Both

Enrichment Preference:

Nesting:

PVC Tunnel

No Preference

Not Appropriate per Protocol Justification

Catalog / Item #	Description	Qty.	Unit Price	Total
		Boxes		
		Freight		
			Total	

Order Confirmation	
Customer #:	Date ordered:
Order #:	Ship date:
Confirmed by:	Delivery:

Please submit completed form to Cathy Ekstrom: cekstrom@middlebury.edu