



# ANIMAL PURCHASE REQUEST

PO#/P-card# \_\_\_\_\_

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

Entity	Department	Object	Restriction	Designation (# or name)	Activity
311	2110 <input type="checkbox"/> 2140 <input type="checkbox"/> Other:	54200 (supplies) <input type="checkbox"/> Other:	10 <input type="checkbox"/>		
<b>VENDOR:</b>			<b>PHONE:</b>		
<b>ADDRESS:</b>			<b>FAX:</b>		
<b>NOTES:</b>					

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
<b>Boxes</b>				
<b>Freight</b>				
<b>Total</b>				

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

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