



Vivaria Purchase Requisition

Request Date: _____ Date Required: _____

Requested by: (Name/Dept.) _____

PI's Signature: _____ Protocol # _____

FAU (required): _____

Dept. Financial Administrator Confirmation: _____ (i.e. MSO, Analyst)

(Print name and sign)

Vivarium (V1): Life Science Spieth Hall Room number: _____

Vivarium (V2): Annex Boyce Room number: _____

Vivarium (V3): New Psychology MRB Room number: _____

Pick-up Order

Call _____ at _____ for notification of arrival.
(NAME) (PHONE NO.)

Please place an order for:

Animals

Qty.	Species	Catalog # / Vendor	Sex		Specifics
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Supplies (i.e. Special Food, Bedding, Cages, meds that require Vet's License, etc.)

Description	Quantity	Catalog # / Vendor

When complete, please turn in to the Animal Tech in your vivaria. Form must be completely filled out before order will be placed. Dept. must confirm FAU information.

*****Once the order has been placed by the vivaria manager, it cannot be cancelled.**

For Vivaria Use Only	For OCV Use Only
Date order was placed: _____	PCT Date: _____
Vendor: _____	Journal #: _____
Estimated Order Total: \$ _____	Order Total: \$ _____
Vivaria Manager's Signature: _____	CC to Dept.: _____