

LAS SUPPLY ORDER FORM

1. ORDER/P.I.	2. VENDOR
DATE OF ORDER: _____ REQUESTED BY: _____ PHONE #: _____ FAX #: _____ DATE NEEDED: _____	PREFERRED VENDOR: _____ COMMENTS _____ _____ _____ _____ _____ _____
P.I. NAME:	
PHONE #: _____ FAX #: _____ DEPARTMENT: _____ PROTOCOL #: _____	
3. IDO	
IDO #: _____ <i>ALL SUPPLY ORDERS REQUIRE AN INTERDEPARTMENTAL ORDER FORM (IDO). THE SIGNED IDO MUST BE SUBMITTED WITH THIS ORDER FORM</i>	

4. UPON DELIVERY
CONTACT NAME: _____ PHONE: _____ FAX: _____

5. ORDER ITEMS				
	QUANTITY	DESCRIPTION	CATALOG NUMBER	UNIT PRICE
1				
2				
3				
4				
5				

6. LAS APPROVALS (LAS USE ONLY)	
AUTHORIZED BY LAS VETERINARIAN: SIGNATURE _____	DATE _____
AUTHORIZED BY LAS FISCAL OFFICER: SIGNAURE _____	DATE _____