

# NON-ANIMAL ORDER REQUEST

**Requisition #:** \_\_\_\_\_

1. ORDER/ P.I.	
DATE OF ORDER: _____	
REQUESTED BY: _____	
PHONE NO.: _____ FAX #: _____	
ROOM: _____ BLDG: _____	
DATE NEEDED: _____	
P.I. NAME: _____ PHONE: _____	
PROTOCOL.#: _____	

2. VENDOR	
PREFERRED VENDOR _____	
COMMENTS: _____	
FOR OLAC USE ONLY	
VENDOR USED: _____	
PHONE # (____) _____ - _____ <input type="checkbox"/> OLAC Pickup	
ADDRESS _____	
CITY: _____ STATE: _____ ZIP _____	

3. BILLING							
BU	BFS ACCT	FUND	ORG	PROG	PROJECT	FLEX	SPEEDTYPE
DEPARTMENTAL AUTHORIZATION FOR USE OF THIS ACCOUNT							
AUTHORIZED BY: _____				SIGNATURE: _____		DATE: _____	

4. DELIVERY	
DELIVER FROM: <input type="checkbox"/> VENDOR DIRECTLY TO PI LAB (Check one) <input type="checkbox"/> VENDOR TO OLAC, OLAC TO PI LAB  DELIVER TO: ROOM: _____ BUILDING: _____  CONTACT NAME: _____ PHONE: _____	IS THIS A STANDING ORDER? <input type="checkbox"/> YES - <i>If YES, fill out the rest of this box.</i>  DELIVERY DATES: FIRST: _____ LAST: _____  FREQUENCY OF DELIVERY: _____ TIMES PER <input type="checkbox"/> MONTH / <input type="checkbox"/> WEEK

5. ORDER ITEMS					
	QUANTITY	DESCRIPTION	CATALOG NUMBER	FOR OLAC USE ONLY	
				PRICE EA.	TOTAL
①					
②					
③					
④					
⑤					

6. THIS SECTION FOR OLAC OFFICE USE ONLY	
DATE ORDER PLACED: _____ OLAC PERSON WHO PLACED THE ORDER: _____	
VENDOR CONTACT PERSON: _____ DATE TO BE SHIPPED: _____ EXPECTED ARRIVAL DATE: _____	
VENDOR REFERENCE #: _____ SHIPPING REF #: _____	
AIR BILL #: _____ FLIGHT #: _____	
DELIVERY VERIFICATION SIGNATURES	
<b>DELIVERY:</b> REC'D BY: _____ DATE: _____ <b>PICKUP:</b> P/U BY: _____ DATE: _____	