

Place at least **3 DAYS** before you expect the order to arrive; 2-3 weeks for special orders.

# OLAC PHARMACY PURCHASE REQUEST

**Request #:** \_\_\_\_\_

*Instructions on reverse*

1. ORDER/ P.I.	2. VENDOR
DATE: _____ REQUESTED BY: _____ PHONE #: _____ FAX #: _____ DATE NEEDED: _____ <hr/> P.I. NAME: _____ PHONE: _____ PROTOCOL.#: _____	<b>ALL PHARMACY PURCHASES ARE FILLED FROM THE OLAC PHARMACY. CHECK WITH THE PHARMACY AT 3-5255 FOR AVAILABILITY OF SPECIFIC ITEMS.</b>

3. BILLING							
BU	BFS ACCT <b>55021</b>	FUND	ORG	PROG	PROJECT	FLEX	SPEEDTYPE
DEPARTMENTAL AUTHORIZATION FOR USE OF THIS ACCOUNT							
AUTHORIZED BY			SIGNATURE			DATE	

4. DELIVERY
<b>ALL ORDERS ARE AVAILABLE FOR PICKUP AT 203 NAF WHEN READY. THE REQUESTER WILL BE CONTACTED BY TELEPHONE WHEN THE ORDER IS READY FOR PICKUP.</b>

5. ORDER ITEMS				
	QUANTITY	DESCRIPTION	FOR OLAC USE ONLY	
			PRICE EA.	TOTAL
①				
②				
③				
④				
⑤				
<b>TOTAL</b>				

6. THIS SECTION FOR OLAC OFFICE USE ONLY		
FORM WAS: <input type="checkbox"/> FAXED <input type="checkbox"/> MAILED <input type="checkbox"/> HAND-DELIVERED RECEIVED BY: _____ DATE: _____ TIME: _____		
ORDER APPROVED BY (PRINT NAME)	SIGNATURE	DATE
<b>RECEIPT VERIFICATION SIGNATURES</b> DATE: _____ TIME: _____ <b>CUSTOMER:</b> PRINT NAME: _____ SIGNATURE: _____ <b>OLAC:</b> PRINT NAME: _____ SIGNATURE: _____		

## INSTRUCTIONS FOR COMPLETING THE *PHARMACY PURCHASE REQUEST FORM*

- ✓ Complete sections 1 through 5.
- ✓ Print clearly or type.
- ✓ An incomplete or illegible form will be returned to the sender.
- ✓ Forms are available from the OLAC order desk.
- ✓ To place an order, either
  1. fax the form to 3-0886, or
  2. drop it off at or mail it to:
    - Attn: Order Desk
    - OLAC
    - 203 NAF # 7150
- ✓ Orders may not be placed by telephone.
- ✓ See the "Guide to Services" for more information.

### *Comments*

**Section 3.** Be sure to obtain signature authorization for use of the indicated account. If the account has not been registered with OLAC before (using a Recharge Account Application form), you must indicate the detailed account information here.

**Section 5.** A list of items available from the OLAC Pharmacy is available from the main office at 203 NAF.