

DATE \_\_\_\_\_ Investigator Name \_\_\_\_\_ VA Project Number \_\_\_\_\_ Individual placing the order \_\_\_\_\_

**PRIORITY:** Standard High (2 weeks) Individual's contact # \_\_\_\_\_  
Special (ASAP) Provide justification \_\_\_\_\_

**DELIVER TO:** VA CWRU (provide Bldg and Rm #) \_\_\_\_\_ Attn: \_\_\_\_\_

**CLASSIFICATION:**

Supply Service Equipment Animal (if animal provide VA approved ACORP number) \_\_\_\_\_  
Chemical (**if chemical check all that apply**) First time ordered/use Dry ice/refrigerated Unstable/hazard

**VENDOR INFORMATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Does vendor accept credit card? yes no  
Does this order include a GSA Discount? yes no  
If item not in stock, backorder is acceptable yes no

**OFFICE USE ONLY**  
**ARF APPROVAL** \_\_\_\_\_  
**CHEMICAL APPROVAL** \_\_\_\_\_

Catalog No	Item Description	Quantity	Unit	Exact Cost	

Estimated **total cost** of items /services noted in table: \_\_\_\_\_ Estimated Shipping \_\_\_\_\_

**OFFICE USE ONLY** PO#: \_\_\_\_\_ Confirmation #: \_\_\_\_\_  
Remarks: \_\_\_\_\_