THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

ANIMAL PURCHASE REQUISITION

ANIMAL RESOURCES CENTER, Phone 648-5511

Acctg. Ref. No.

Animal Project Number (APN)

Animals Ordered For (PI):	Animals Ordered By:	Phone No.	Account No.(s)
Department	Room No.	Requisition Date	Dept. Requisition No.

Quantity	Species	Strain or Breed	Description Sex, Weight, Age, Other Specifications	Vendor Address/Phone
			NOTE: For canine or feline species - specify conditioned or non-conditioned.	

Date Required	☐ House in ARC ☐ To Receive Only	Special Housing Request	Approx. Length of Stay

Other Specifications or Special Instructions	Cost Per Animal	
Approved By (Individual Responsible for Account)		

DO NOT WRITE BELOW THIS LINE — FOR ARC USE ONLY

Date/Time Req. Received	Order Placed	USW No.		
Date Arrived	Rec. Report	Incident Report ☐ Yes ☐ No	Vendor Contact	Est. Misc. Cost
Notified	☐ AM ☐ PM	Vendor Invoice No. - Date	Acct. Voucher No.	Est. Shipping Cost
Date Billed	Billing Approval			Total Est. Cost

CHARGE						CREDIT				
General Ledger	Sub Account	Code	ESTIMATED COST USW #	ESTIMATED COST Amount	Amount	General Ledger	Sub Account	Code		Amount
		213				124210	202055	926		

FUNDS AVAILABILITY ☐ YES ☐ NO	BY	AUDITED	DATE

DISTRIBUTION: White - ARC Purchasing Canary - ARC Receiving Pink - ARC Receiving Goldenrod - Kept by initiating Department FORM 3081 (REV. 4/97)