DUKE UNIVERSITY

IR# **your IR number**

INTERDEPARTMENTAL REQUEST
AND
INVOICE

1. REQUEST TO:

DLAR Pharmacy
DEPARTMENT RENDERING SERVICE

DATE 11/20/07

2. INITIATOR OF REQUEST FOR SERVICE:

INVOICE TO: Dr. Eugene Sample
DEPARTMENT OR PRINCIPAL INVESTIGATOR

Box 3180
ADDRESS

684-1234 11/27/2007
TELEPHONE # DATE REQUIRED

To be signed by PI
AUTHORIZED SIGNATURE

DUKE CODE TO BE CHARGED

Company Code	G/L Account	Cost Object	Ind.	%
0010	640100	3910000		100.0%

MATERIALS and/or SERVICE REQUESTED

3.QUAN	4. UNIT	5. DESCRIPTION	6. UNIT PRICE		7. AMOUNT
5	100ml	Isoflurane			
2	50ml	Acepromazine (10mg/ml)			
10	1ml	Buprenorphine (Buprenex) 0.3mg/ml			
		Protocol #: A123-04-05			

8. FOR SERVICE DEPARTMENT'S USE

9. INVOICE DATE
REFERENCE NO.

10. TOTAL AMOUNT OF INVOICE

SERVICES RECEIVED BY

DATE

PRINT NAME