MMRI
MOLECULAR MEDICINE RESEARCH INSTITUTE

MMRI Controlled Substance Order Request

Today's Date _____ **Requested Arrival Date**_____

Name of Principle Investigator (P.I.)_____

Company Name_____

Project/Job Code_____

P.I.'s Telephone_____ **P.I.'s Fax**_____

Vendor_____

Vendor's Telephone_____ **Vendor's Fax**_____

Item	Product Name	Catalogue Number	Price	Number of Items
1				
2				
3				
4				
5				

Signature of Principle Investigator_____
(required)

MMRI USE ONLY

Ordered By: _____ **Job Code #**_____

Date Ordered_____ **P O Number**_____