Research Order Form

_____ : Date submitted

UK UNIVERSITY OF KENTUCKY
College of Health Sciences
Office of Research
900 S. Limestone, CTW 105
Lexington, KY 40536-0200
Phone: 859-218-0469

COMPLETED BY REQUESTOR:

Requestor Information

Name:
Phone:
Ship To: C.T. Wethington, Room #
900 S. Limestone St.
Lexington, KY 40536-0200

Vendor Information

Name:
Address:

Phone:
Fax:
Website:

Catalog Number	Item Description	Qty	Unit*	Cost/Unit	Total
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00

*Ea, bx, cs, etc.

ORDER TOTAL: $0.00

Account Number:

P.I. Approval:

IT Services Approval:

This statement certifies that the Principal Investigator has verified this order and it is directly related to the scientific aims and/or the research strategy of this project.

Research Office Approval:

Business Office Approval:

COMPLETED BY CHS RESEARCH OR BUSINESS OFFICE:

Accounting Information:

P.O.#: _____
GL Acct: _____
Funds Reservation #: _____

Order Placed By:

Reset Form