

MICHIGAN STATE UNIVERSITY
HEALTH TEAM

FAX CCP (517) 355-4738 FAX Olin (517) 432-0790

Pharmacy Requisition Form

Please complete and return by printing and sending a fax to one of the numbers above, or attach the document to an email message and send to PharmacyReq@hc.msu.edu.

*Date

Credit account number XT02295

CCP L5650 (517) 353-4930

Olin L6050 (517) 353-9165

Charge Account Information	Delivery Information	
*Department Name	*Employee Accepting Delivery	
*Dept. Account/Grant #	*Room #	*Bldg. Name
Sub Account #	*Street Address	
*Supervisor Name	Comments/Special Instructions	
*Supervisor Phone #		
*Authorized By		

Receipt of the following services and/or materials is acknowledged.

Item				Unit=boxes, doses, vials...		COST- pharmacy staff only	
*Item 1 description		QTY		Unit		Item 1	\$
*Item 2 description		QTY		Unit		Item 2	\$
*Item 3 description		QTY		Unit		Item 3	\$
*Item 4 description		QTY		Unit		Item 4	\$
*Item 5 description		QTY		Unit		Item 5	\$

You are authorized to charge this amount to the account indicated above

Total \$

*orders requesting controlled substances must be printed, signed by a provider and faxed or hand delivered to the pharmacy.

Provider signature if required:

Provider's DEA:

To be signed upon delivery:

*Received by signature:

*Date