

# Research Medication Supply Order

*Instructions: Items marked with \* are required before submitting to pharmacy.  
Please scan and email to [alan.mumford@va.gov](mailto:alan.mumford@va.gov) and [kelly.parks@va.gov](mailto:kelly.parks@va.gov), or deliver to A-150*

\*Dispense To:

Line No	*Item	Quantity		Cost per item	Total Cost
		*Requested	Dispensed		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Billing Information** *(complete one of the two options below):*

**Grand Total:**

**Funding Through VA:**

\*VA Billing Control Point (FCP) #:

\*VA Department to Route Invoice Through:    BRRC    Research Office    Other:

**Funding through UF:**

\*UF Fiscal Contact Name/Email:

\*UF Department/Address:

\*Chartfield Information

Project	Department	Fund Attribute	Program Name	Source of Funds	Budget Item

\*Protocol Title:

\*Principal Investigator:

\*Protocol/IACUC Number:

\*Ordered by: (Signature)

\*Date

Verifying Pharmacist: (Signature)

Date

Received By: (Signature)

Date

**VA Form 10-2566-2R**