DUKE UNIVERSITY

INTERDEPARTMENTAL REQUEST AND INVOICE

1.	REQUEST T				DATE _		11/20/07
2.	INITIATOR	OF REQUEST FOR SERVICE:					
INVOICE	Dr. Eugene Sample Duke code to be charged						
TO:	DEPARTMENT OR PRINCIPAL INVESTIGATOR Company				BOKE COBE TO BE CHILL	GLD	0/
	Box 3180			G/L Account	Cost Object	Ind.	%
		ADDRESS	0010	640100	3910000		100.0%
	684-1234	11/27/2007					
	TELEPHONE #	DATE REQUIRED					
		To be signed by PI AUTHORIZED SIGNATURE					
		MATERIALS and/or SERVICE REQ	UESTED				
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					
0							
8.	FOR SERVICE I	FOR SERVICE DEPARTMENT'S USE					
9. 10. INVOICE DATE TOTAL AM					DUNT		
REFERENCE NO.				OF INVOI			
	SERVICES RECEIVED BY DATE			ATE			
		PRINT NAME					