

## COLLEGE OF VETERINARY MEDICINE

### Request to add item to Central Store Inventory

Requesting Department: \_\_\_\_\_

Description of Item: \_\_\_\_\_

Item Number: \_\_\_\_\_

Item Price: \_\_\_\_\_

Suggested Vendor: \_\_\_\_\_

Monthly usage of item: \_\_\_\_\_

Do any other departments use this item: Yes      No

If yes, please list: \_\_\_\_\_

Please attach a previous purchase request to this document and send it to the Coordinator of Ancillary Services for review.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_