UNIVERSITY of VIRGINIA HEALTH SYSTEM

UNIT: ______________________________

LOCATION: ________________________

PHONE NO.: _______________________

PHARMACY REQUISITION

INSTRUCTIONS: Supplies will not be issued without a properly completed requisition. Requisitions are filled on Mondays and Thursdays.

DATE __ __ — __ __ — __ __

PTAO # __ __ __ __ __ __   __ __ __ __   __ __ __ __ __ __ __   __ __ __ __ __

ITEM NUMBER	QUANTITY ORDERED	QUANTITY ISSUED	UNIT OF ISSUE	ITEM DESCRIPTION

REQUISITIONED BY	APPROVED: DEPT. HEAD: SUPERVISOR, DIRECTOR	ISSUED BY	RECEIVED IN ACCEPTABLE CONDITION
____________________	____________________	____________________	____________________
DATE: / /	DATE: / /	DATE: / /	DATE: / /

WHITE – STORE ROOM   **CANARY** – CUSTOMER