VCU Office of Research and Innovation

CONTROLLED SUBSTANCE* TRANSFER INVOICE

FROM [Registrant Name]
[DEA Registration Number]

DATE: AUGUST 8, 2017

[Registrant Street Address, City, ST, Zip
Phone [000.000.0000] Fax [000.000.0000]
[e-mail]

TO [Registrant Name]
[DEA Registration Number]
[Registrant Street Address]
[City, ST ZIP Code]
[Phone]

SHIP TO [Registrant Name]
[DEA Registration Number]
[Registrant Street Address]
[City, ST ZIP Code]
[Phone]

QUANTITY (ML, MG,ETC.)	SCHEDULE	CONTROLLED SUBSTANCE DESCRIPTION	CONCENTRATION OR STRENGTH	LOT #	RECEIPT VERIFIED (ENTER DATE TRANSFERRED)

Transferring Registrant Signature:_____ Date:_____

Recipient Registrant Signature:_____ Date:_____

*To be used to transfer Schedule III-V Controlled Substances between DEA registrants. Each registrant must retain a copy in their records.

OVPRI – 8/2017