

UCSB Controlled Substances Delivery Record

Purchase Order #:

Date:

Requisition #:

Received at:

Principle Investigator:

DEA Registration #:

Vendor Name:

Form 222 # (if applicable):

Storage Location

Building:

Room:

Items Ordered:

Substance Name	Schedule	Strength	Amount Per Container	Quantity Ordered	Quantity Received

Received By:

Initially Received By (Print):	Initially Received By (Sign):	Authorized Recipient (Print):	Authorized Recipient (Sign):

Do not accept delivery if there are ANY discrepancies between the items ordered and the items received. Please contact the Controlled Substances Program Manager immediately. 805-893-7256 or derek.iverson@ehs.ucsb.edu

