

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 04/26/2018	Form Number: EHS_SOP350_FORM003
TITLE: Receipt Form	Responsible Authority: HSC Safety Coordinator	

Instructions: The form can be completed online but it must be printed and signed. Completed and signed forms must be kept in the Controlled Substances Manual.

Registrant Name: _____ DEA Registration: _____

Registrant Signature: _____

Date	Substance	Vendor	Condition	Concentration	Amount	Lot Number	Vial Number Assigned	Expiration Date	Initials