AMERICAN UNIVERSITY RECORD OF CONTROLLED SUBSTANCE PURCHASES

Registrant Name: _____

Registration Number: _____

Product Name	Amount Purchased	Date Received	Company (Purchased from & DEA Number)	Invoice or Shipping Document Number

Note: To insure a comprehensive record, file a copy of the invoice or shipping document in folder. <u>Insure the date of receipt is</u> recorded on the invoice or shipping document.