



**UC San Diego**  
Policy & Procedure Manual

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[Search](#) | [A-Z Index](#) | [Numerical Index](#) | [Classification Guide](#) | [What's New](#)

**PURCHASING**

**Section: 523-2.2.1 EXHIBIT D**

Effective: 07/20/1988

Supersedes: 07/12/1985

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Issuing Office: [Procurement & Contracts](#)

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**EXHIBIT D**

**CONTROLLED SUBSTANCE DELIVERY FORM**

DELIVER TO: STOREHOUSE (CAMPUS CORNER) \_\_\_\_\_  
 MEDICAL CENTER PHARMACY \_\_\_\_\_

VENDOR \_\_\_\_\_

PURCHASE ORDER NUMBER \_\_\_\_\_

DRUG \_\_\_\_\_ CLASS \_\_\_\_\_ QTY. REC'D \_\_\_\_\_

DRUG \_\_\_\_\_ CLASS \_\_\_\_\_ QTY. REC'D \_\_\_\_\_

DRUG \_\_\_\_\_ CLASS \_\_\_\_\_ QTY. REC'D \_\_\_\_\_

PRINCIPAL INVESTIGATOR \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PERSON(S) AUTHORIZED TO RECEIVE SHIPMENTS \_\_\_\_\_ PHONE \_\_\_\_\_

RECEIVED IN SHIPPING/RECEIVING BY:

\_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED BY DELIVERY DRIVER:

\_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED IN STOREHOUSE/PHARMACY BY:

\_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED FROM STOREHOUSE/PHARMACY BY:

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED RECIPIENT \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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DISTRIBUTION: White – Central Purchasing (Q-026)  
 Canary – Storehouse/UCSD Pharmacy  
 Pink – Department  
 Gold – Receiving