

Controlled Substances Purchasing / Receipt Log

PI / License Holder: _____

Michigan License / DEA Registration Number: _____ / _____

Drug: _____ Concentration: _____ Size of Container: _____

Form: Liquid / Tablet / Powder / Patch *(circle as appropriate)* Schedule: I II III IV V *(circle as appropriate)*

Date Received	Container ID #	Expiration Date	Lot #	Vendor	Invoice #	Amount Received	Initial of Person Receiving