

## CONTROLLED SUBSTANCE\* TRANSFER INVOICE

DATE: JULY 31, 2013

FROM [Registrant Name]

[DEA Registration Number]

[Registrant Street Address, City, ST, Zip Phone [000.000.0000] Fax [000.000.0000] [e-mail]

TO [Registrant Name]
[DEA Registration Number]
[Registrant Street Address]
[City, ST ZIP Code]
[Phone]

SHIP [Registrant Name]
TO [DEA Registration Number]
[Registrant Street Address]
[City, ST ZIP Code]
[Phone]

QUANTITY (ML, MG,ETC.)	SCHEDULE	CONTROLLED SUBSTANCE DESCRIPTION	CONCENTRATION OR STRENGTH	LOT #	RECEIPT VERIFIED (ENTER DATE TRANSFERRED)

Transferring Registrant Signature:	Date:	
Recipient Registrant Signature:	Date:	

<sup>\*</sup>To be used to transfer Schedule III-V Controlled Substances between DEA registrants. Each registrant must retain a copy in their records.