



RECEIVING REPORT

RECEIVING DEPARTMENT: _____ DEPARTMENT #: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PURCHASE ORDER #: _____ INVOICE #: _____

QTY.	ITEM #	DESCRIPTION	UNIT COST	TOTAL COST
SUB-TOTAL			\$ -	\$ -
<i>Services Only (Does not apply to the purchase of tangible goods)</i>			SALES TAX	\$ -
<i>(Required) Enter 0 if not applicable.</i>			SHIPPING/HANDLING	\$ -
GRAND TOTAL				\$ -

STATUS/CONDITION (REQUIRED): PLEASE VERIFY AND INDICATE BY SELECTING THE APPROPRIATE BOX

COMPLETE SHIPMENT
 PARTIAL SHIPMENT
 DAMAGED
 GOOD

EXPLAIN:

I CERTIFY THAT THE ABOVE ITEMS WERE CHECKED AND RECEIVED

Special Mailing Instructions: _____

Other Special Instructions: _____

 RECEIVED BY DATE