Receiving Document Form

Agency Name

Purchase Order No: _____ Carrier: _____

Received At: _____ Requisition No: _____

Received By: _____ Job Order No: _____ / _____ / _____ / _____

Date Received: _____ Shipper: _____

Frt. Or Exp. Bill No: _____ Address: _____

_____

QUANTITY	UNIT OF MEASURE	VENDOR CATALOG #	ITEM DESCRIPTION

REMARKS: **Claims for shortage, etc.** _____

_____

_____

Approved By:

_____ _____

Name Title

Date: _____