Receiving Report

Please complete all areas of the form and attach **ALL** packing lists.

Return to the Business Office within 36 hours of receipt of goods.

_____	_____	_____
Date	**P.O. #**	**Number of Packages**
_____	_____	_____
Received By	**Attention To**	**Company Received From**

Requisition Item #	Quantity	Description

Remarks: (Condition of product, etc.)

Checked by:

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