



## RECEIPT OF GOODS OR SERVICES

DEPT.: \_\_\_\_\_ P. O. #: \_\_\_\_\_

BLDG.: \_\_\_\_\_ DATE RECD.: \_\_\_\_\_

ROOM # \_\_\_\_\_ VENDOR: \_\_\_\_\_

**DIRECTIONS:** Please fill out this form when goods or services are **received other than through the Receiving Dock**. This form will authorize Central Receiving to start the payment process. **(THIS FORM IS TO BE SENT TO CENTRAL RECEIVING, CWB)**

The following items were received in this department on the above P.O.:  
**(please number each item)**

Quantity	Unit of Measure	

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

**THE ABOVE GOODS WERE RECEIVED IN THE FOLLOWING MANNER:** (Please check one)

- Salesman
- Received in Mail
- Pick up from Vendor
- Other: \_\_\_\_\_