



# RECEIVING REPORT

Pick Up: \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

<b>Vendor Name</b>	<b>PO Number</b>

Please provide Vendor Name and related PO Number in boxes above.

For attached Invoice# \_\_\_\_\_ please check one of the three boxes below and provide the information requested with box chosen.

**Full payment** \$ \_\_\_\_\_ of attached Invoice

**Partial payment** \$ \_\_\_\_\_ of attached Invoice  
(cross through items not received and amounts not to pay)

**No Payment** for attached Invoice  
\_\_\_\_\_ Product or Service Not Received  
\_\_\_\_\_ Other Reason for non-payment (explain on lines provided below)

(note PO item and sequence numbers and amounts on lines provided above)

Product or Service Received **Date** \_\_\_\_\_

Order complete. **Close PO** \_\_\_\_\_  
Yes or No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*space for A/P use only*