CONFIRMATION OF RECEIPT OF GOODS FORM

Vendor:	Standing PO#:
Invoice:	Amount:
For Standing Purchase Orders Only	
Was all Merchandise received: Yes	If No? (Please Mark for Partial Only)
Date Merchandise was received:	
From all items received, was any Merchandise	damaged and/or returned: Yes No No
Date Merchandise was returned:	
Detail Description of all Items & Quantities of No Damaged and/or Returned:	Nerchandise Received (Whole or Partial) and/or Items
Signature:	Date Signed:
Print Name:	Department Name:

NOTE: Please attach invoice and return completed form to the Accounting Department only if items were picked up at the store, directly received at your department and/or delivered at Central Receiving using a standing/blanket purchase order to purchase supplies only.

If you received merchandise that was customized, please prepare and submit a Certificate of Conformance only if the services have been rendered, and the order has been completed. Please remember that we have a 30-day prompt payment rule. For additional questions, please contact the Accounting Department at (956)721-5121.