

NORTH DAKOTA STATE UNIVERSITY

RECEIVING REPORT

PO# _____

REQ # _____

DEPT. NAME _____

REQUESTED BY _____

VENDOR NAME _____

DEPARTMENT:
UPON RECEIPT OF GOODS AND FORWARD TO THE ACCOUNTING OFFICE. IF FULL SHIPMENT IS NOT RECEIVED, USE A NEW RECEIVING REPORT FOR RECEIVING SUBSEQUENT SHIPMENTS.

LINE #	ITEM DESCRIPTION	UNIT COST	QTY ORDERED	QTY RECEIVED	DATE RECEIVED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

ACCOUNT (TCC)	FUND	DEPT	PROGRAM	PROJECT #	AMOUNT

I CERTIFY RECEIPT OF ABOVE STATED GOODS IN QUANTITY INDICATED AND AUTHORIZE PAYMENT FOR SUCH GOODS.

DEPT. APPROVAL _____

DATE _____

FOR ACCOUNTING DEPT. USE ONLY	
FULL	<input type="checkbox"/>
PARTIAL	<input type="checkbox"/>
AUDITED BY	<input type="text"/>
APPROVAL	_____
ENTERED	_____