

Department: When goods are received, complete this form and forward to the Accounting office. If full shipment of goods is not received, complete a new receiving report for each additional shipment.

Req/PO #: _____ This purchase has been paid for using the Purchasing Card: Yes No
 Full Payment Partial Payment

Department Name: _____

Requested By: _____

Vendor Name: _____

Line #	Item Description	Unit Cost	Quantity Ordered	Quantity Received	Date Received
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Account	Fund	Dept	Program	Project #	Amount

I certify receipt of above stated goods in quantity indicated and authorize payment for such goods.

Authorized Signature Date

Print Name Phone #

Form completed by Phone #

For Accounting Use Only	
Full: _____	Audited By: _____
Partial: _____	Entered: _____

Please print this form.

Route this form to :
 Accounting
 Old Main 11
 Phone (701) 231-7432
 Fax (701) 231-6194