

Receipt

RECEIVED FROM _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____

OUR P.O. # _____

CHARGES PREPAID _____

CHARGES COLLECT _____

FOR DEPT. _____

JOB NO. _____

REQ. NO. _____

INVOICE NO. _____

DELIVERED BY (CARRIER)	BILL OF LADING #	FREIGHT BILL #
<input type="checkbox"/> Freight <input type="checkbox"/> P.P.	<input type="checkbox"/> Air Freight <input type="checkbox"/> Air P.P.	<input type="checkbox"/> Express <input type="checkbox"/> Pick-Up
<input type="checkbox"/> Air Express <input type="checkbox"/> Messenger		<input type="checkbox"/> Local Delivery

TOTAL # PACKAGES _____

PARTIAL _____

COMPLETE _____

TOTAL WEIGHT _____

QUANTITY	DESCRIPTION	CONDITION	WEIGHT	ENTERED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

REMARKS: _____

RECEIVED BY _____

CHECKED BY _____