

Receipt for Goods



Representations G4 Ltd

RECEIVED FROM _____ DATE _____
OUR P.O. # _____

ADDRESS _____ CHARGES PREPAID _____

ADDRESS _____ CHARGES COLLECT _____

CITY _____ STATE _____ ZIP _____ FOR DEPT. _____

JOB NO. _____
REQ. NO. _____
INVOICE NO. _____

DELIVERED BY (CARRIER) BILL OF LADING # FREIGHT BILL #
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 _____