

# Receipt for Goods

 Representations G4 Ltd

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 P.P. <input type="checkbox"/> Air Freight P.P. <input type="checkbox"/> Express Pick-Up <input type="checkbox"/> Air Express 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 \_\_\_\_\_