

# Material Receiving Notice

Job No. Location

Date Received Client

P.O. No. M.R.N. No.

Vendor

Consigned by:	<input type="checkbox"/> Truck	Parcel(s)	Carrier		
	<input type="checkbox"/> Ship	Case(s)	Truck/Wagon no.		
	<input type="checkbox"/> Mail	Loose	Name of ship/barge		
	<input type="checkbox"/> Rail Freight	Drum(s)	Advice note no.		
	<input type="checkbox"/> Passenger Train	Crate(s)	Nett weight		
	<input type="checkbox"/> Air	Bag(s)	Partial shipment <input type="checkbox"/>	Final shipment <input type="checkbox"/>	

Item No.	Quantity	Unit	Description (Include serial nos. of equipment, cylinders, reels, etc.)

Remarks { Over, Short, }  
                  { Damage, etc. }

Distribution:

<input type="checkbox"/> Field Warehouse	<input type="checkbox"/> Home Office Procurement/Expediting
<input type="checkbox"/> Field Office Accounting	<input type="checkbox"/> Home Office Project Department
<input type="checkbox"/> Field Buyer/Expeditor	<input type="checkbox"/> Other:
<input type="checkbox"/> Home Office Accounting	

Received by