

DATE RECEIVED	CARRIER	VENDOR	NO. PKGS	DELIVERED BY	P.O. #	DEL. TO	DEPT.	BLDG.	ROOM #
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**TO BE COMPLETED BY CENTRAL RECEIVING**

UNIVERSITY OF DAYTON CENTRAL RECEIVING DEPARTMENT  
**RECEIVING & DELIVERY FORM**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
**X**

**TO BE COMPLETED BY THE DEPARTMENT & FORWARDED TO PURCHASING WITH PACKING LIST**

**ORDER STATUS: (Must check one)**

**COMPLETE**

Check box if this shipment completes the order and send form to Purchasing. (No need to complete section at right unless there is a discrepancy)

**PARTIAL**

Check box if this is a partial shipment and complete this section → for items received in this shipment. Then send form to Purchasing.

If the list of items received is lengthy, attach a copy of the Department P.O. form or packing Slip and check off the items included in this shipment.

If there is a discrepancy on the Packing Slip (doesn't match P.O.) you should make notation in comments section.

If any of the items are to be returned to the vendor you should make notation in the comments section and attach the Accounts Payable copy of the Return Authorization form.

Contact Purchasing for assistance if there are any questions.

RETURN TO PURCHASING WITH PACKING LIST (+4 zip 1664) for payment processing

P.O. LINE NO. OF ITEM RECEIVED	QUANTITY RECEIVED THIS SHIPMENT	COMMENTS (Is there a discrepancy? Are returning, substituting, reordering, etc.?)

ORDER CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_  
**X**