

RECEIVING REPORT

INCA - 18

Date: _____

PROGRAM: _____ **Purchase Request #:** _____

LOCATION: _____ **Line Item:** _____

VENDER: _____

ADDRESS: _____

FOR ACCOUNTING USE ONLY:

City State Zip

ACCOUNT NO. _____
 DATE PAID _____
 CHECK NO. _____

*****NOTE - COPY OF PURCHASE REQUEST AND INVOICE MUST BE ATTACHED*****

DATE	DESCRIPTION OF ITEMS OR TICKET NUMBER/ COMMENTS	AMOUNT

RECEIVED BY _____

SUB TOTAL _____

TITLE _____

ADDITIONAL CHARGES _____

APPROVED BY _____

SALES TAX _____

TITLE _____

TOTAL AMOUNT _____