ABC Form 9 - I
August 2001

MATERIAL RECEIPT

Date _____

PSCA No: _____ **BC No:** _____

County/City/Institution/Agency _____

Received from _____ **FEIN** _____
Vendor

Received at_____ **Date Received**_____
Location

Quantity	Unit	ARTICLE Make Full Report of any Shortage or Damage	Condition

I hereby certify that I have received and checked the articles listed above and that they are of the kind, quantity and condition noted.

Checked by _____ Received by _____
Signed Signed