

# GOODS Deposit Receipt

RECEIVED FROM \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DATE \_\_\_\_\_

OUR P.O. # \_\_\_\_\_

CHARGES PREPAID \_\_\_\_\_

CHARGES COLLECT \_\_\_\_\_

FOR DEPT. \_\_\_\_\_

JOB NO. \_\_\_\_\_

REQ. NO. \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

DEPOSITED BY (CARRIER)	BILL OF LADING #	FREIGHT BILL #
<input type="checkbox"/> Freight <input type="checkbox"/> P.P.	<input type="checkbox"/> Air Freight <input type="checkbox"/> Air P.P.	<input type="checkbox"/> Express <input type="checkbox"/> Pick-Up
<input type="checkbox"/> Air Express <input type="checkbox"/> 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					

**REMARKS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

CHECKED BY \_\_\_\_\_