

Return Receipt for Goods

The ABC Corporation

RECEIVED FROM _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____
 OUR P.O. # _____
 CHARGES PREPAID _____
 CHARGES COLLECT _____
 FOR DEPT. _____
 JOB NO. _____
 REQ. NO. _____
 INVOICE NO. _____

DELIVERED 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 _____