## **Warehouse Receipt**

[Street Address] [City, ST ZIP] Phone: Fax: Website:			DATE CUSTOMER ID		
ORDER DATE	ORDER#	PURCHASE ORDER #	CUSTOMER	CUSTOMER CONTACT	
	<u> </u>				
BILL TO: [Name] [Company Name] [Street Address] [City, ST ZIP] [Phone]			SHIP TO: [Name] [Company Name] [Street Address] [City, ST ZIP] [Phone]	j	
ITEM#	DESCRIPTION		ORDER QTY	SHIP QTY	
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	<b></b>				
	+				
	<del> </del>		+		
	<u> </u>				
	<del> </del>		<del>                                     </del>		
	TOTAL:				
COMMENTS:					

If you have any questions or concerns, please contact

Thank You For Your Business!