

Goods Receipt Form

UM DEPARTMENTAL USE ONLY

One Purchase Order per form.
Save your document as the PO number and current date,
then upload this form to the Receiving Portal at
<https://olemiss.app.box.com/f/efd76ad95a874fb687b6e7cc16220ae5>.

*Note: The italicized paragraphs below may not be altered.

PO Number: _____
Vendor Name: _____
Department: _____
Department Contact's Name: _____
Department Contact's Email: _____

I, _____ (employee name), as the individual and/or department head seeking payment, attest that all commodities (goods) and/or services listed below and found on the Purchase Order number below have been received, or prepayment approval obtained if applicable, and that all terms and conditions related to the purchase of these goods and/or services have been met.

The invoice for the goods and/or services specified below should be paid.

If a contract is associated with this purchase, I understand that I am responsible for personally confirming receipt of the commodities (goods) and/or services as well as ensuring compliance with all terms and conditions of the contract. In addition, payment for these goods and/or services will not cause the total amount expended under the contract to exceed the agreed-upon contract amount, and the invoice for them should be paid.

Please process a Goods/Services Receipt on the specified lines for the following quantities:

All quantities on all lines received

OR

PO Line Item Number	Quantity	Prepayment or Received