receiving@olemiss.edu Office Phone: 662-915-7308 MISSISSIPPI

Goods Receipt Form

UM DEPARTMENTAL USE ONLY

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.

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PO Number: Vendor Name: Department:		
Department Contact's Name: Department Contact's Email:		
below and found on the Purcha	nent, attest that all commo se Order number below ha and that all terms and co.	ployee name), as the individual and/or dities (goods) and/or services listed ave been received, or prepayment nditions related to the purchase of these
	this purchase, I understan	ad that I am responsible for personally
with all terms and conditions of	f the contract. In addition, amount expended under l	vices as well as ensuring compliance payment for these goods and/or the contract to exceed the agreed-upon
	s Receipt on the specified quantities on all line	lines for the following quantities: s received
	OR	
PO Line Item Number	Quantity	Prepayment or Received
1		