

Staff Name: _____

Building: _____

Order Company Name: _____

Order Detail: (Attach quote/document if applicable, please be specific to ensure that shipping/receiving can check in the items ordered)

Delivery Instructions: (if different than above location) _____

**This form is required to be submitted with your monthly statements for reconciliation, please retain for our records for receipt of ordered items.*

*****For Shipping/Receiving use only*****

Initials: _____

Date Received: _____

Additional Information: _____
