

FTRI RECEIPT OF ORDER

EQUIPMENT - SUPPLIES

To be completed by the RDC staff

This form must be submitted to FTRI with monthly reports.

SHIPPING INFORMATION

New ☐ Refurbished ☐

Date Shipment Received: _____ RDC #: _____

Vendor Name: _____ FTRI Purchase Order #: _____

Equipment Description: _____

Number of Boxes: _____

Number of Equipment: _____

Was shipment received (appeared) in good condition? Yes _____ No _____

If **No**, describe the condition shipment was received: _____

Received and Inspected by: _____
Signature *Date*

FOR FTRI OFFICE USE ONLY

Date Verified: _____ FTRI DPC: _____

Comments: _____
