MATERIAL RECEIPT

Company Name
Street Address, City
State, Zip Code

Invoice #: _____

Date: _____

PO #: _____

SUPPLIER / VENDOR

_____
_____
_____

SHIPPING DESTINATION

_____
_____
_____

Material SKU / ID	Description	Batch / Lot #	Quantity	Unit Price	Amount

Material SKU / ID	Description	Batch / Lot #	Quantity	Unit Price	Amount

Subtotal: $_____
Freight/Tax: $_____
Total: $_____

Notes: _____

Authorized Signature: _____ **Date:** _____