

RECEIVING CHECKLIST

Date _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Dept: _____

Contact Name: _____

PO #: _____

Job Name or #: _____

Certs Required: YES or NO

Credit Card: YES or NO

Description of Material

Weight: _____

Type of Steel: _____

Number of Pieces: _____

Other Comments:

Delivered by (please print name): _____