GEORGIA DEPARTMENT OF CORRECTIONS

Receiving Report #: _____

Received F	rom: Vend	or Name an	d Add	lress	VIA: Delivery Company Name or Truck Line Name		
						Γ	
Delivery Date:			Reference #:		Date:		
UNIT REQUESTING ITEM:							
Equipme		Quantity					
Decal #	Serial #	Received Un		t	Description of Items Total		
As Receiving Agent, I have this day personally examined the items received as listed and shown on the delivery receipt, and do hereby certify that they are the same items as to kind, specification, and quantity as shown on the purchase order.							
Receiving Agent signature Division, Institution, or Center Name							

Retention Schedule: After disposition of property, this form shall be maintained for five (5) years, and after that destroyed.