

JACKSONVILLE STATE UNIVERSITY

PARTIAL SHIPMENT
FORM

DATE _____

RE: Purchase Order No. _____

TO: Business Office

FROM: _____

Name of Vendor _____

STAMP YOUR ACCOUNT # HERE

Acknowledgement is made of the following order received on _____

(Date)

which is unsatisfactory due to the following reasons

Defective _____ Damaged _____ Overage _____ Shortage _____

Partial _____ Other _____ Explanation If Other _____

Delivering Carrier _____ Delivery Ticket NO. _____

Item	Quantity Ordered	Inventory Item	QTY Rec'd	Description-type, size, etc.	Unit Price	Total
TOTAL						

Authorized by: _____
Signature

FOR BUSINESS OFFICE USE ONLY:

Date Received _____ Received by _____ Referred to _____

Necessary Adjustments Recommended _____

Final Disposition Made _____

Date _____ Signed _____

(SEE INSTRUCTIONS ON BACK)