Lee College	Date:
Receiving	Date
Request For Shipment	
Requestor:	Ext.#:
PO Number:	Insured Value:
Item (s) Description:	
	ason: (check one)
[] over/double	[] incorrect
shipment	order
[] damaged	[] other
merchandi	se
Terms: (check one)	
	[] return for credit
	[] exchange
	[] warranty repair
For Office Use Only	————Questions? Call Receiving @ 6526/6443—
Vendor:	_ Phone: () Ext:
Notes:	
Date of P/U:	By: