

# New Product Receipt



NPR #	Manufactured	Purchased	W.F. Whelan Facility	Active	Inactive
			CANTON		

**ALL ITEM AREAS MUST BE COMPLETED**

Customer / Supplier	OEM Part # _____ Program Name / # _____ Vehicle Name _____					
	Supplier Name _____ Ship From Supplier Code / Duns # _____					
	Customer (OEM) Name _____ Ship To Location (Plant Name & Cisco Code or Address) _____					
	Part Description (Will Be Same On Bol) _____ Product Dimensions _____					
	FTZ (Foreign Trade Zone) Required _____ Product Weight _____					
	Finish Of Part _____ Repack, Pick & Pack or Crossdock Parts _____ Image Or Drawing Supplied _____					
	Type Of Assembly Required _____ Special Labeling Required / Customer Supplied _____					
	Component Part Numbers (If Applicable) _____					
	Matchmount Sticker Required	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>				
	Broadcast Labels Required / 1D or 2D / Broadcast Code	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>				
	Engineering Stamp Part #: _____	Broadcast Label#: _____ 1-D or 2-D Code#: _____				
Inbound Pallet Pack Quantity _____	Inbound Packaging Type _____					
Outbound Pallet Pack Quantity _____	Outbound Packaging Type _____					
Packaging Materials Required & Size(Specs) (ex Foam, Boxes) _____						
Returnable Type: _____	COLOR: _____ Returnable Part Numbers _____					
*Customer / Supplier Signature _____ Date _____						
MP&L	Raw Part # _____ Service Part # _____ Customer Part # _____					
	Shipping Profile <input type="checkbox"/> Part Specification <input type="checkbox"/> Part Master <input type="checkbox"/> Ccore BOM <input type="checkbox"/>					
	Confirmed Returnable Type / Part Numbers / Pack Out Quantity Against Packaging Screen or Releases _____					
	Returnable Department Notified Of Kitting Returnables _____					
Notified By _____ Notified To _____						
*Signature Of MP&L Personnel When Complete _____ Date _____						
Quality	Database Spreadsheet Updated _____ Date Database Spreadsheet Updated _____					
	Product ID Template Created _____ Product ID Template Complete Date _____					
	*Signature Of Quality Personnel When Complete _____ Date _____					
Receiving	Product Warehouse Location _____ Product Weight _____ Stamp or Engineering Part # _____					
	Quality Notified To Take Pictures On First Day Of Arrival	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>					
Arrival Date _____						
*Signature Of Receiving Personnel When Complete _____ Date _____						
*NPR Complete (Quality to Sign) _____ Date _____						
All Parties	Comments Or Notes _____					