HARLINGEN CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

RECEIVING REPORT/PAY AUTHORIZATION

TO: PURCHASING DEPARTMENT

VENDOR	NUMBER:
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P.O. NUMBER:

VENDOR NAME:

CAMPUS/DEPT:

PO LINE ITEM	AL	Į.	QUANTITY	DISCREPANCIES	FOR PURCHASING OFFICE ONLY	
	(please only note damaged or shorted items)	Invoice #	Amount to be Paid			

DATE PREPARED

PREPARED BY (PLEASE PRINT NAME)

SPECIAL NOTE:

Packing slips must be attached to receiving report. If no packing slip is enclosed a Dummy Packing Slip shall be prepared. When using a Dummy Packing Slip, itemize each article in shipment. The person who opens and verifies shipment must Circle the quantity of each item received on packing slip to acknowledge condition and receipt; Sign and Date the packing slip with date verified.