

Warehouse Receipt

[Street Address]
 [City, ST ZIP]
 Phone:
 Fax:
 Website:

DATE
 CUSTOMER ID

ORDER DATE	ORDER #	PURCHASE ORDER #	CUSTOMER CONTACT

BILL TO:

[Name]
 [Company Name]
 [Street Address]
 [City, ST ZIP]
 [Phone]

SHIP TO:

[Name]
 [Company Name]
 [Street Address]
 [City, ST ZIP]
 [Phone]

ITEM #	DESCRIPTION	ORDER QTY	SHIP QTY

TOTAL:

COMMENTS:

If you have any questions or concerns, please contact
Thank You For Your Business!