**After completing this form:**

1. Send original copy to: **Accounting and Finance**
2. Send copies of the form to: **Mailroom/Receiving Department**
3. **If an item needs to be tagged: Property Control Coordinator (copy)**

|  |  |
| --- | --- |
| **DATE:** | Click here to enter a date. |
| **PO NUMBER:** |       |
| **VENDOR:** |       |
| **DEPARTMENT:** | .      |

**Enter Item(s) received:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QUANITY | UNIT OF MEASURE | ITEM NUMBER | DESCRIPTION | PRICE |
|       | Choose an item. |       |       |       |
|       | Choose an item. |       |       |       |
|       | Choose an item. |       |       |       |
|       | Choose an item. |       |       |       |
|       | Choose an item. |       |       |       |
|       | Choose an item. |       |       |       |
|       | Choose an item. |       |       |       |

***Check the Campus Code Designator***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] **BA**Main Campus | [ ] **BB**Frazier | [ ] **BC** Donmoor | [ ] **BE** North Acadian Campus Baton Rouge | [ ] **BF** Folkes Branch Campus Jackson | [ ] **BG** Jumonville Branch Campus New Roads |
| [ ] **BH** Port Allen Campus | [ ] **BI** Westside Branch Campus Plaquemine | [ ] **BJ**Louisiana State Penitentiary Angola | [ ] **BK**LA Correction Institute of Women | [ ] **BL**Elayn Hunt Correctional Center | [ ] **BM**Dixon Correctional Institute |

**Date Work Completed:**

**Approved by: Contact Number:**