**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:**