INDIAN HEALTH SERVICE
PHYSICAL RECEIVING AND INSPECTION REPORT
LOCATION: _____

Required Receipt Documentation for all Equipment

Received From (Vendor): _____ *_____* *_____*
Name *Address* *City, State, Zip Code*

Method of Acquisition

☐ ***Purchased*** ☐ ***Loaned***

☐ ***Rented*** ☐ ***Other***

Document Numbers

P.O. No.: _____

Requisition No.: _____

Bar Code Tag	*Description*	*Make*	*Model*	*Serial Number*	*Room*	*User **	*Dept*	*AcqVal*

Physical Receiving Agent's Certificate of Receipt

I hereby certify that all items were received, inspected and accepted.

_____ _____
Signature of Physical Receiving Agent ***Date Received***

☐ ***Complete*** ☐ ***Conditional Acceptance (Incomplete)***
☐ ***Partial*** ☐ ***Received but Unacceptable***
☐ ***Final*** ☐ ***Defective Material***

User or Ordering Office Signature:_____ Date:_____ ***Property Management Signature:_____ Date:_____***

**** If applicable, the initial User may be the warehouse or storeroom staff, if assets will be stored prior to delivery to the end User or Ordering office.***