DMC Number: _____

UPF MATERIAL RECEIVING REPORT

DISTRIBUTION	P.O. NO.:	JOB NO.:	SPECIFICATION NUMBER
	MRR NO.:	DATE:	
	VENDOR:	MRI No.:	REFERENCE DRAWING
	SHIPPED BY:		
	SHIPPING POINT: Quality Level: Q RS CC		SERVICE

P.O. ITEM NO. / Q NO.	QUANTITY RECEIVED	COMPLETE DESCRIPTION
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SHOP INSPECTION RELEASE RECEIVED	QC RECORDS RECEIVED	NONCONFORMANCE ISSUED
YES NO N.R.	YES NO N.R.	YES NO TAG NO.:

INSPECTION PROCESS USED:

COMMENTS/INSTRUCTIONS:

INSPECTED BY:(print/sign)	**DATE:**
APPROVED BY:(print/sign)	**DATE:**

DELIVERING CARRIER:		**P.O. NO.:**	
DATE RECEIVED:	**WEIGHT:**	**CHARGES:**	PREPAID COLLECT
PACKING SLIP NO.:	PARTIAL	COMPLETE	
DELIVER TO/LOCATION:			

CHECKED & COUNTED BY:(print/sign)	**REPORT PREPARED BY:**(print/sign)