



**OLD DOMINION UNIVERSITY RESEARCH FOUNDATION
RECEIVING REPORT**

PURCHASE ORDER NUMBER: _____ AMOUNT: _____

PROJECT NUMBER: _____ OBJECT CODE: _____

SUPPLIES, EQUIPMENT, GENERAL MERCHANDISE:

CHECK WHETHER PARTIAL, OR FULL DELIVERY WAS RECEIVED:

PARTIAL DELIVERY

FULL DELIVERY

SERVICE CONTRACTS, MAINTENANCE AGREEMENTS, INSTALLMENT PAYMENTS:

MONTHLY PAYMENT: \$ _____ END DATE: _____

(I hereby authorize the Old Dominion University Research Foundation to pay the vendor for goods received upon receipt of the invoice (provided you have signature authority on the grant.)

Signature: _____ Date: _____

(Above signature is required before accounts payable can make prompt payment of the invoice for attached order. Partial payments are made for partial delivery orders.)

PLEASE ATTACH ORIGINAL PACKING SLIP

Please note that the following items listed on the attached purchase order have been identified as controllable equipment. Please indicate the permanent location of the equipment.

Equipment Description	Serial Number	Location