

AdiraMedica LLC	Form Number:	FORM-520B
Title: CTM Material Receiving Report	Revision:	01

Delivery Acceptance (Complete At Material Delivery)

Item No.	Tracking No.	Client Name
D200001		AdiraMedica
Item Description		
Storage Conditions: Temperature		
Other		
Material placed in storage as documented above <input type="checkbox"/> <input type="checkbox"/> N/A		
Discrepancies and/or damaged documented on the shipping paperwork <input type="checkbox"/> <input type="checkbox"/> N/A		
Supporting documentation received attached <input type="checkbox"/> <input type="checkbox"/> N/A		
Shipment REJECTED. Reason documented on the shipping paperwork <input type="checkbox"/> <input type="checkbox"/> N/A		
Completed By (Name and Initials)/Date:		

Receiving Report L111123001 AM22004

RN	Lot No.	PO No.
P001	Vendor X	
Vendor	Protocol No.	
UoM	Total Units (vendor count):	Total Storage Containers
kg	100	10
<input type="checkbox"/> Expiration Date	<input type="checkbox"/> Retest Date	<input type="checkbox"/> Use-by-Date
Expiration Date: 12/31/2024		

Verified the following Receiving Documents: (Check all that apply)	Check all that apply and explain in the comments section
<input type="checkbox"/> Purchase Order <input type="checkbox"/> Bill of Lading ✓ <input type="checkbox"/> SDS # <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Packing Slip <input type="checkbox"/> CoC/CoA <input type="checkbox"/> Invoice <input type="checkbox"/> Quantity discrepancies found <input type="checkbox"/> Damage to shipping container(s) <input type="checkbox"/> Damage to product within shipping container <input type="checkbox"/> Temperature excursion NCMR: <input type="checkbox"/> N/A
Comments	
Received By (Name and Initials)/Date:	