(for hand delivered product)

**To be completed by Hospital representative:-**

We acknowledge receipt of the goods mentioned below in good condition

Print:

Sign:

Position:

Date:

**To be completed by Biocomposites representative:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sales Rep** |  | | |
| **Hospital Name** |  | | |
| **Product** | **Size** | **Lot Number** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Hospital Purchase order number: ................................

|  |
| --- |
| **Comments** |
|  |