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Page	1 of 2

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C. AMICO			
Prepared by:	Name and Signature Date	Head of Office Noted by:	Name and Signature Date
	Seph Ong		Seph Ong



SAINT LOUIS UNIVERSITY

ASSET MANAGEMENT AND INVENTORY CONTROL OFFICE

Receiving Report Form

Document Code	FM-AMC-001
Revision Number	03
Effectivity	FEB 01, 2023
Page	2 of 2

D. Assisting Unit (To be filled out by the personnel or department providing technical assistance.)

<input checked="" type="checkbox"/> CPMSD for property and equipment	<input type="checkbox"/> TMDD for computer hardware and software	<input type="checkbox"/> Other (specify): _____
Received by: _____ Name and Signature Date		

- ☒ All goods and services stated in section B of this form are in good working condition.
- Remarks (specify):

Technical Staff	Name and Signature Date	Head of Office	Name and Signature Date
Checked by:		Noted by:	

E. Unit Accountable

- All goods and services stated in section B are complete and in good condition.
- By signing this form, the unit agrees to the following:
 - We are responsible for the property and equipment issued to our unit.
 - We will use it properly in the manner intended for. Therefore, we will be responsible for any damage done or lost due to our negligence at our expense.

Head of Office	Name and Signature	Date
Acknowledged by:	_____	

Note: Please return this form immediately to the Asset Management and Inventory Control Office upon accomplishment to comply with the terms of agreement of SLU and the Supplier/Service Provider (refer to the Purchase Order) and avoid losses from discounts and surcharges due to delay of payment. Thank you!

F. Finance Office

This form will be used as a requirement to process the payment of the purchased goods and services or record adjustments.

Accounting Section	Name and Signature	Date
Received Copy by:		

Notes