

## **Receiving Report Form**

Document Code	FM-AMC-001
Revision Number	03
Effectivity	FEB 06, 2023
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A. Unit (School   Department   Office)			UNIT Code	AMC-RR No.	Date		
s	School of Nursing, Allied Health, and Biological Sciences N SNA RR005567 16-Oct-2023						
	Purchase goods and services	☐ Transfer of property and equipment	☐ Donation ☐ Grant	Other (specify): FREEBIES			
•	Reference (Purchase Order / Requisition Slip / Document No.   Date): PO-123456 17 Aug 2023						
•	Received from:			Purchas			
Supplier / Inter-Department (Unit) / Donor / Grantor / Other Reference (e.g., Invoice / Delivery Receipt / Acknowledgment Receipt)				gment Receipt)			

B. Item Descr	iption				
Asset Tag	Particulars (Asset Description   Brand   Model)	Serial Number	Asset Class	Qty	иом
00001001-SCS	Monitor ASUS VK222H	ABCD123456EFGH	OFE	1	UNT
00001002-SCS	Monitor ASUS VK222H	IJKL789012MNOP	OFE	1	UNT
00001002-SCS	Monitor ASUS VK222H	QRST345678UVWX	OFE	1	UNT
00001003-SCS	Monitor ASUS VK222H	YZAB901234CDEF	OFE	1	UNT
Received I	by: God Ric Tam Pinco				
	y: Ro Vin Nav Arro				
	,				

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



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D. Assisting Unit (To be filled out by the personnel or department providing technical assistance.)						
CPMSD for property and e	TMDD for computer hardware and software		Other (specify):			
<ul><li>Received by:</li></ul>						
	Name and Signature   I	Name and Signature   Date				
<ul><li>All goods and see</li><li>Remarks (specify</li></ul>	rvices stated in section B of this form are in	n good working condition.				
Technical Staff	Name and Signature   Date	Head of Office	Name and Signature	Date		
Checked by:		Noted by:				
E. Unit Accountable	۵					
<ul> <li>All goods and services stated in section B are complete and in good condition.</li> <li>By signing this form, the unit agrees to the following: <ol> <li>We are responsible for the property and equipment issued to our unit.</li> <li>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.</li> </ol> </li> </ul>						
Head of Office		me 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						
	d surcharges due to delay of payment. Tha					
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	Nar	me and Signature		Date		
Received Copy by:						
• Notes						