

JACKSONVILLE STATE UNIVERSITY

PARTIAL SHIPMENT FORM

DATE \_\_\_\_\_

RE: Purchase Order No. \_\_\_\_\_

TO: Business Office

FROM: \_\_\_\_\_

Name of Vendor \_\_\_\_\_

STAMP YOUR ACCOUNT # HERE

Acknowledgement is made of the following order received on \_\_\_\_\_

(Date)

which is unsatisfactory due to the following reasons

Defective \_\_\_\_\_ Damaged \_\_\_\_\_ Overage \_\_\_\_\_ Shortage \_\_\_\_\_

Partial \_\_\_\_\_ Other \_\_\_\_\_ Explanation If Other \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Delivery Ticket NO. \_\_\_\_\_

Item	Quantity Ordered	Inventory Item	QTY Rec'd	Description-type, size, etc.	Unit Price	Total
TOTAL						

Authorized by: \_\_\_\_\_  
Signature

FOR BUSINESS OFFICE USE ONLY:

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Referred to \_\_\_\_\_

Necessary Adjustments Recommended \_\_\_\_\_

Final Disposition Made \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

(SEE INSTRUCTIONS ON BACK)