

VBPD - 606

FOR FISCAL USE ONLY		
VOUCHER NUMBER: _____	DATE: _____	<i>(Total calculates automatically.)</i>
AUDITED BY: _____		
KEYED BY: _____		

VENDOR NAME: _____	P.O.#, CONTRACT # AUTHORIZATION #, _____
ADDRESS: _____	ETC.: _____
_____	SERVICE BEG. DATE: _____
_____	SERVICE END DATE: _____

VENDOR NO/EMPLOYEE ID if non travel reimbursement: _____

RECEIVING REPORT

Item #	Description	Unit Cost	Quantity Ordered	Quantity Received	Date Received	Partial Shipment : <input type="checkbox"/> Yes <input type="checkbox"/> No
						Condition of Goods: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
						Packing Slip: <input type="checkbox"/> Yes <input type="checkbox"/> No
						I certify that the P.O., Receiving Report (if applicable), Invoice and voucher are in agreement with the merchandise or service being paid for and verify that the receipt of the items are consistent with the conditions and requirements of the contract or purchase order. Further, the computations and coding on the Voucher are correct and discounts taken are proper. I authorize payment for such goods/services.
Department Approval Signature _____ Date _____						
Nan Pemberton, 804=786-7335						

TRANS	AGENCY	COST CODE	PROGRAM		PROJ	TSK	PH	FUND	OBJ	AMOUNT	MILES
			PROG	SRV							
324	606	924	450	02	44216	01		1000	1266		
INVOICE		INVOICE REC DATE	GOODS REC DATE	SERVICE BEG DATE	CUSTOMER ACCOUNT NUMBER	DUE DATE	HOURS				
DATE	NUMBER										
DESCRIPTION					AUTHORIZATION NUMBER	RESPONSE DATE	SITE CODE				

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Instructions:
 Please attach the Purchase Order, Packing Slips and Invoice to the Administrative/Receiving Report and forward to Accounts Payable.
 Forward a copy of the Administrative/Receiving Report to General Services.

AGENCY NAME:

VA Board for People with Disabilities 606

Distribution Continuation Sheet

VOUCHER: _____

DATE: _____

TRANS	AGENCY	COST CODE	PROGRAM		PROJ	TSK	PH	FUND	OBJ	AMOUNT	MILES
			PROG	SRV							
INVOICE			INVOICE REC DATE	GOODS REC DATE	SERVICE BEG DATE	CUSTOMER ACCOUNT NUMBER			DUE DATE	HOURS	
DATE	NUMBER										
DESCRIPTION								AUTHORIZATION NUMBER	RESPONSE DATE	SITE CODE	

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DATE	NUMBER										
DESCRIPTION								AUTHORIZATION NUMBER	RESPONSE DATE	SITE CODE	

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