RESET FORM

The University of Manitoba
Comptroller's Form No. 5
(Revised November 2004)

Purchase Order No. _____

Standing or Part Order Receipt

Please mail completed form immediately after receipt of Part Order to Purchasing Dept.

Suppliers Name: _____

_____

_____

F O A P A L

Give sufficient detail to ensure prompt payment of account.

Invoice or Packing Slip No. _____ Dated _____

_____

_____

_____

_____

I Hereby Certify That I Have Received, In Good Condition, The Articles Described Above.

_____ _____ _____

Signature Date Name of Department

Purchasing Services, Supplier Payment Copy ☐ **Department Copy** ☐