

Vehicle Receipt / Inspection

Receipt Number:	
Received Date/Time:	
Received By:	

Shipper Information	Consignee Information

Inland Carrier and Supplier information

Carrier Name:		Driver License:	
PRO Number:		Supplier Name:	
Tracking Number:		Invoice Number:	
Driver Name:		P.O. Number:	

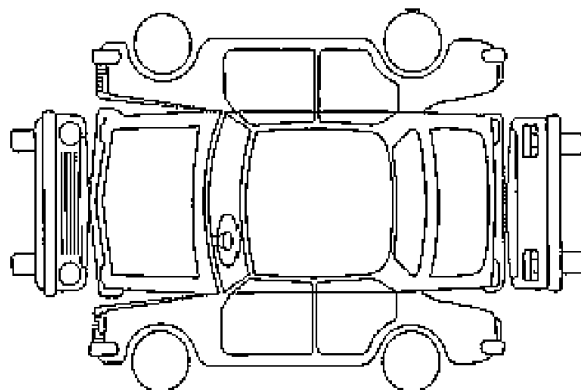
Notes	Applicable Charges:

Pcs	Package	Dimensions	Description			Weight	Volume
Location		Invoice Number	Notes				Volume Weight
Quantity	PO Number	Part Number	Model	VIN Number			

S = Scratches PC = Paint Chip R = Rust RB = Rub
 DE = Dent C = Crack DI = Ding M = Missing

Inspected by : _____

Notes : _____



Received by Signature: _____	TOTAL ▶	Pieces	Weight	Volume