


## REQUISITION/ RECEIVING FORM

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 1011 NW 51 <sup>st</sup> Street, Suite 5 Ft. Lauderdale, FL 33024 Main: 954-471-6458 FAX: 954-202-0587	WORK ORDER #	A/C MANUFACTURE	MODEL	SERIAL#	REGISTRATIO N #	CUSTOMER	TECHNICIAN	PHONE #			
	SHIP TO:						Shipping Info: Saturday = Sat 8:00 AM next day = 8 10:30 AM next day = 1030 Saver next day 3:00 PM = S 2 <sup>nd</sup> Day = 2D 3 <sup>rd</sup> Day = 3D Ground = GND				
Item	QTY	Part#	Description	Cost	PO #	Supplier	Date ordered	Received	B/O	Inspection C/W by	Shipping

Inspection Instructions: Inspector will check part for traceability, shelf life, general serviceability, damage, and qty

Notes: \_\_\_\_\_