



**Military and
Naval Affairs**

**Division of Military & Naval Affairs
Receiving Report (R-1)**

Receiver's Name: _____

Location Received: _____

Date Received: _____

Vendor		Purchase Order ID	Cardholder's Name
Item	Quantity	Description	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

By signing this form, I am certifying that the above mentioned goods or services have been received by DMNA, and are satisfactory according to the inspection at the time of receipt. I hereby authorize payment of these goods or services upon the vendor's submission of a valid invoice.

Receiver's Certification

Date