



State Org #

*P-Card

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Receiving Report

| Vendor Name: | | | State Org Name: | | |
|------------------|----------------------------|--------------|----------------------|---------|------|
| Vendor Address: | | | WVOASIS Document ID: | | |
| Qty | Description of Commodities | Printed Name | Authorized Signature | User ID | Date |
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| Agency Comments: | | | | | |