INSPECTION AND ACCEPTANCE REPORT

Entity Name: <u>UP Mindanao</u>		Fund Cluster:		
Supplier: P.O. No./Date: Requisitioning Off	ice/Dept.:	IAR No.: Date: Invoice No		
Responsibility Cen	ter Code:	Date:		
Stock/ Property No.	Description Description Delivery schedule:	Unit	Quantity	
	Date PO was received by supplier: Date NTP was received by supplier/contractor:			
	Delivery date:			
	With approved extension: Yes / No (Please attach if yes)			
	Extension of delivery schedule:			
INSPECTION		ACCEPTANCE		
Date Inspected:	Inspected, verified and found in order as to quantity and specifications	Date Received: Complete Partial (Pls. specify quantity)		
	Inspection Officer/Inspection Committee	Supply & Propery Custodian		