



RAIPUR INSTITUTE OF MEDICAL SCIENCES

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Health for All

VENDOR GOODS RECEIPT

Vendor Name : _____ Purchase Order : _____

Contact Person : _____ Purchase Order Date: _____

P.O Amount : _____

Advance Payment : _____

Balance Payment : _____

S.no.	Item Name	Requested by	Total Qt.	Received Qt.	Inspected by	Authorised person

Condition: 1. Vendor goods are received but not inspected.

2. Balance Payment Subject to Inspection Result.