

ALABAMA DEPARTMENT OF ECONOMIC & COMMUNITY AFFAIRS
PROPERTY MANAGEMENT UNIT
CONTRACTOR MATERIAL RECEIPT

1. CONTRACTOR: _____ 6. VENDOR: _____
2. ADDRESS: _____ 7. ADDRESS: _____

3. PHONE NO.: _____ 8. DATE RECEIVED: _____
4. CONTRACT NO.: _____
5. PROPERTY LOCATION (if different from above): _____

ADDRESS: _____

9. <u>DESCRIPTION</u>	10. <u>QTY.</u>	11. <u>SERIAL NUMBER</u>	12. <u>UNIT PRICE</u>	13. <u>TOTAL PRICE</u>	14. <u>FED SHARE</u>	15. <u>COND.</u>

I hereby certify that I have received and checked the items listed above and that they are of the kind, quantity, and condition noted.

RECEIVED BY (type name): 16. _____ PHONE: 17. _____
SIGNATURE: 18. _____ DATE: 19. _____

**Alabama Department of Economic & Community Affairs
Contractor Material Receipt**

PURPOSE: This form is to be used by ADECA contractors to document the receipt of nonconsumable personal property.

INSTRUCTIONS FOR COMPLETION:

1. Enter legal name of the contractor receiving property.
2. Enter complete mailing/street address of the contractor.
3. Enter telephone number of the contractor.
4. Enter contract number as appropriate.
5. Enter exact location of the property to include complete address, if different from address in item #2.
6. Enter name of vendor.
7. Enter complete mailing address of vendor.
8. Enter date the property was received by contractor.
9. Enter a description of the property.
10. Enter number of units received.
11. Enter unit price paid for the property.
12. Enter total price paid for the item(s).
13. Enter manufacturers serial number (and model number if available).
14. Enter percentage of Federal participation in the cost of the contract.
15. Enter the condition of the property received.
 - a. Good - Enter G for good condition
 - b. Fair - Enter F for fair condition
 - c. Poor - Enter P for poor condition
16. Enter the typed name/title of individual certifying receipt of the property.
17. Enter telephone number of the individual cited in #16.
18. Enter signature of the individual certifying receipt of the property.
19. Enter date the certifying agent signs the document. (For contractor only.)

**THIS COMPLETED FORM SHOULD ACCOMPANY A PAID VENDOR
INVOICE TO THE ADECA DIVISION DESIGNEE.**