

PACKING SLIP SUBSTITUTION FORM

By submitting this form, I am verifying that a packing slip was not provided at time of delivery or service. I will attach this form to the Receipt in Workday.

| <u>Name</u> | |
|--|----------|
| Please complete the following: | |
| Supplier Name | |
| <u>PO #</u> | |
| Date products/services received | |
| List the items in the chart below that were received in Workday. | |
| Item Description | Quantity |
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