

Merchandise Recipient Form

Must be filled out and included as backup for items costing \$100 and more.

I, (printed name)	, ce	ertify that I received a
(description of item)	at/	for the (event or survey
name)	on	(date)
Recipient Signature	Date	
Name of UHD Employee Responsible for Verification	——————————————————————————————————————	