
THE RESEARCH LABORATORY OF ELECTRONICS
Massachusetts Institute of Technology

PACKING SLIP SUBSTITUTION FORM

PURCHASE ORDER NUMBER(S):

VENDOR NAME(S):

COST OBJECT(S) / GL TO BE CHARGE:

DATE RECEIVED:

DESCRIPTION OF MATERIAL RECEIVED:

SIGNATURE (Click to Sign):

TODAY'S DATE:

PRINTED NAME:

PLEASE COMPLETE, SIGN AND Receive The Items by Marking the Date in B2P and uploading this completed form