

# SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

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## PACKING SLIP REPLACEMENT FORM

*Our office has not received the packing slip for the attached order. To facilitate payment to the vendor, all SIBCR packing slips must be signed, dated and forwarded to SIBCR Accounting. Please send us the packing slip or, if it is missing, complete this form and return it as soon as possible.*

<b>Today's Date</b>	<b>PO#</b>
<b>PI Name</b>	<b>Vendor Name</b>

<b>Items in Question</b> (Please see attached PO):
1.
2.
3.
4.
5.

<b>Received?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Date Received</b>
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<b>Notes</b>	
<b>Authorized Signature</b>	
<b>Date Signed</b>	<b>Mail Stop</b>