COLUMBIA
GSAPP

PACKING SLIP TEMPLATE

Supplier Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Invoice # _____ **PO#** _____

Date Items Received: _____

Items Received (list below)

Department Information

Submitted by: _____ Email: _____ Date: _____

Department/Program: _____

Dept. Authority Name: _____ Signature: _____