



Southeastern Regional Planning & Economic Development District (SRPEDD)

Acknowledgement of Goods & Service Form

Grant Recipient City/Town: _____

Purchase Order #: _____

Instructions:

- 1) Name of vendor sending equipment and date received: _____
- 2) Once the requested goods & services arrive, the designated contact person **must sign, date and complete this form.**
- 3) Please mail the completed form to SRPEDD, ATTN: Suzanne Dagesse, 88 Broadway, Taunton, MA 02780 **along** with the original packing /shipping slips and other purchasing documentation as applicable. The Fiduciary will review all information and proceed with payment to the vendor provided all documentation is received and the form is completed.
- 4) The Fiduciary will maintain the original form while the Grant Recipient will maintain a file copy. Both parties must retain the documents in a filing system for inspection site visits.
- 5) This form may be duplicated.

Item Number/part number	Quantity	Item Description	Serial Number	City/Town Unique Identification Tag Number (if applicable)	Location of equipment (e.g. Building, floor, room # etc street/town)	Contact person primarily response for equipment

Signature of Grant Recipient

Signature of Fiduciary Grant Manager

Please write full name and job title below:

Date

Date