

CUSTOMER CHECK-OFF SHEET

REGISTRATION NO. _____

CUSTOMER: _____

TAG COLOR: _____ **LOT NUMBER:** _____

This is an item check-off list used to assist in verifying all items on your inventory were received. Please describe any loss or damage on this form.

1	26	51	76	101	126	151	176	201	226	251	276	301	326	351	376	401	426	451	476	LIST OF ITEMS RCVD-NO TAGS	TAG NO. NOT CHECKED OFF
2	27	52	77	102	127	152	177	202	227	252	277	302	327	352	377	402	427	452	477		
3	28	53	78	103	128	153	178	203	228	253	278	303	328	353	378	403	428	453	478		
4	29	54	79	104	129	154	179	204	229	254	279	304	329	354	379	404	429	454	479		
5	30	55	80	105	130	155	180	205	230	255	280	305	330	355	380	405	430	455	480		
6	31	56	81	106	131	156	181	206	231	256	281	306	331	356	381	406	431	456	481		
7	32	57	82	107	132	157	182	207	232	257	282	307	332	357	382	407	432	457	482		
8	33	58	83	108	133	158	183	208	233	258	283	308	333	358	383	408	433	458	483		
9	34	59	84	109	134	159	184	209	234	259	284	309	334	359	384	409	434	459	484		
10	35	60	85	110	135	160	185	210	235	260	285	310	335	360	385	410	435	460	485		
11	36	61	86	111	136	161	186	211	236	261	286	311	336	361	386	411	436	461	486		
12	37	62	87	112	137	162	187	212	237	262	287	312	337	362	387	412	437	462	487		
13	38	63	88	113	138	163	188	213	238	263	288	313	338	363	388	413	438	463	488		
14	39	64	89	114	139	164	189	214	239	264	289	314	339	364	389	414	439	464	489		
15	40	65	90	115	140	165	190	215	240	265	290	315	340	365	390	415	440	465	490		
16	41	66	91	116	141	166	191	216	241	266	291	316	341	366	391	416	441	466	491		
17	42	67	92	117	142	167	192	217	242	267	292	317	342	367	392	417	442	467	492		
18	43	68	93	118	143	168	193	218	243	268	293	318	343	368	393	418	443	468	493		
19	44	69	94	119	144	169	194	219	244	269	294	319	344	369	394	419	444	469	494		
20	45	70	95	120	145	170	195	220	245	270	295	320	345	370	395	420	445	470	495		
21	46	71	96	121	146	171	196	221	246	271	296	321	346	371	396	421	446	471	496		
22	47	72	97	122	147	172	197	222	247	272	297	322	347	372	397	422	447	472	497		
23	48	73	98	123	148	173	198	223	248	273	298	323	348	373	398	423	448	473	498		
24	49	74	99	124	149	174	199	224	249	274	299	324	349	374	399	424	449	474	499		
25	50	75	100	125	150	175	200	225	250	275	300	325	350	375	400	425	450	475	500		

DAMAGES NOTED AT TIME OF DELIVERY

INV #	DESCRIPTION OF DAMAGE	INV #	DESCRIPTION OF DAMAGE	INV #	DESCRIPTION OF DAMAGE	INV #	DESCRIPTION OF DAMAGE

WAS THERE ANY DAMAGE TO YOUR RESIDENCE?

ORIGIN: NO YES / DESCRIPTION _____

DESTINATION: NO YES / DESCRIPTION _____

I CHOOSE TO FORGO MY OPTION TO CHECK-OFF (VERIFY) THE ITEMS BEING DELIVERED TO MY RESIDENCE. ALL ITEMS LOADED HAVE BEEN RECEIVED AND OBVIOUS LOSS OR DAMAGE HAS BEEN NOTED.

CUSTOMER SIGNATURE _____

THIS FORM DOES NOT CONSTITUTE A CLAIM. IF THERE IS LOSS OR DAMAGE YOU CAN OBTAIN A CLAIM FORM FROM ANY AGENT.

AGENT/Hauler CODE _____

MOVER SIGNATURE _____

DATE _____

CUSTOMER SIGNATURE _____

DATE _____

EVERYTHING RECEIVED? YES NO

INITIALS _____