Texarkana
Independent School District

RECORD OF MATERIALS RECEIVED (RMR)

SCHOOL: _____

PURCHASE ORDER NUMBER: _____

SUPPLIER: _____ **ADDRESS:** _____

WHERE DELIVERED: _____

The original copy of the RMR and an invoice are to be forwarded to the Business Office on day the material is received. Keep the other copy for your records.

QUANTITY	DESCRIPTION OF ITEMS RECEIVED	CONDITION

I certify that I received the items listed above.

TEACHER: _____ **DATE RECEIVED:** _____

PRINCIPAL: _____ **DATE:** _____