

SUPPLIES AND EQUIPMENT/UNIFORMS
RECEIPT CONFIRMATION



STEP 1 (ONE)

Reference #/PO #: _____ Vendor: _____
Order Date: _____ Deliver Date: _____ Order Complete: YES NO
Deliver Person: _____ Direct Ship/Received Date: _____

STEP 2 (TWO)

School: _____ Sport: _____
Drop Ship Date Received: _____
Coach Name: _____ Coach Signature: _____
AD Name: _____ AD Signature: _____
Concerns with Order: _____

RETURN TO APS ATHLETIC DEPARTMENT: FAX 830-3383

SHIPPING AND RECEIVING GUIDELINES:

- Direct ship requires completion of Step 1 **AND** Step 2 above for payment.
- Drop ship orders with school official approval.
- School deliveries with documentation complete.
- APS Warehouse deliveries with APS Athletic Department approval **ONLY**.

APS Athletic Department Administrator: _____ Date: _____