

**NO PACKING SLIP FORM**

This is to certify that **all** items on P.O. # \_\_\_\_\_

Vendor Name \_\_\_\_\_

Were received and are in the possession of Family Resource Agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Program \_\_\_\_\_

This is to certify that the **following** items on P.O. # \_\_\_\_\_

Vendor Name \_\_\_\_\_

Were received and are in the possession of Family Resource Agency.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Program \_\_\_\_\_