



Customer Supplied Material Receiving form

Interstate Specialty Products
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When shipping your supplied material or project sample, please use this form as a packing list to ensure it is matched with your order or request.

Date: _____

Company Name: _____

Contact Name and Phone Number: _____

P.O. #: _____

Part # to be produced: _____

Raw Material Description: _____

Raw Material Thickness: _____

Raw Material Quantity: _____

If any material is left would you like us to?

- Cut all Scrap Return remainder with shipment Stock for future orders

Notes: _____

Thank You!