**OPI Special Funds FY 20- Goods Received Confirmation Form**

***In the event that you cannot obtain the packing slip from the consumer, you must obtain verbal confirmation of receipt from the consumer***

 ***(or consumer’s relative/caregiver).***

*(Internal: Submit this form to Accounts Payable with your P-card reconciliation.)*

By submitting this form, I attest that I obtained verbal confirmation that the goods were received, correct and in working order as per the DCHS Specialized Client Support Purchasing Controls Policy.

Case Manager Name:

Consumer Name:

Date goods received:

Goods received (please list):

Confirmation obtained from:

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Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan and submit packing slip or completed form by email to your contract liaison:

District Centers: Carolyn McGrath carolyn.mcgrath@multco.us

Enhancing Equity: Jackie Tate jackie.tate@multco.us