## SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION OFFICE OF PUBLIC TRANSIT

## PROPERTY DELIVERY RECEIPT

Name of Agency/C	arantee:			
Vendor's Name an	nd Address:			
Contract #:	Invoice #: Type of Program:			
Contract Award/A	Approval Date:	RFP,	/Bid Date:	
-	//this a	gency received the	property listed l	pelow:
Make/Model	VIN/Serial #	Purchase Date	Delivery Date	Total Cost
the vendor	rty was inspected but di	•		
listed belo	w:			
•	equipment was inspecte on the vehicle.	ed (First Aid Equip.,	Fire Suppresso	r) has been
Date	Signature		Title	
Date	Director/Designee Signature		Title	