



## Cannabis Receipt Record

### Supplier Information

Name	Address

### Receiver Information

Name	Address

### Cannabis Information

Date Received	
Address Where Cannabis Was Received	
Storage Location (Building/Room #)	
Description of Cannabis Material	
Brand Name (if applicable)	
Intended Use	

Lot/Batch Number:	Net Weight or Volume (If Liquid) Received:	For Cannabis Containing Drug, Indicate Form and Strength per Unit <input type="checkbox"/> Not Applicable

\*Maintain all original documentation accompanying shipment.

\_\_\_\_\_  
**PRINCIPAL INVESTIGATOR**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**