NEBRASKA WHOLESALER NAME:_____

LICENSE NUMBER: _____

RECEIVED FROM (Supplier – Address, Lic#) _____

DATE RECEIVED _____

INVOICE NUMBER _____

P O NUMBER _____

CARRIER _____ BILL OF LADING _____

SHIPPING POINT (if different from supplier address) _____

DATE RECEIVED	PRODUCTS/BRANDS	# OF CASES	BOTTLE SIZE	# IN CASE	TOTAL SPIRIT GALLONS	TOTAL WINE GALLONS
	TOTALS					

SIGNATURE OF RECEIVER _____ Rev 5/08

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