

## Precursor Substance Receipt Report

This form must be submitted within 14 days of the receipt of substance.

### 1. Person or firm receiving precursor substance

Name: First, Middle and Last	Phone (enter 10 digit #)
Company Name	Phone (enter 10 digit #)

Physical Address

City	State	Zip Code	County
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### 2. Address where substance is delivered

Physical Address

City	State	Zip Code	County
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### 3. Name of precursor substance

Name of Precursor Substance	Quantity Transferred per Transaction	Date Transferred

### 4. Firm Supplying Precursor Substance

Company Name	Phone (enter 10 digit #)
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Physical Address

City	State	Zip Code	County
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