

New Product Receipt



NPR #	Manufactured	Purchased	W.F. Whelan Facility	Active	Inactive
			CANTON		

ALL ITEM AREAS MUST BE COMPLETED

Customer / Supplier	OEM Part # _____		Program Name / # _____		Vehicle Name _____									
	Supplier Name _____			Ship From Supplier Code / Duns # _____										
	Customer (OEM) Name _____		Ship To Location (Plant Name & Cisco Code or Address) _____											
	Part Description (Will Be Same On Bol) _____			Product Dimensions _____										
	FTZ (Foreign Trade Zone) Required _____			Product Weight _____										
	Finish Of Part _____		Repack, Pick & Pack or Crossdock Parts _____		Image Or Drawing Supplied _____									
	Type Of Assembly Required _____		Special Labeling Required / Customer Supplied _____											
	Component Part Numbers (If Applicable) _____													
	Matchmount Sticker Required		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">No</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>	Yes	No			Broadcast Labels Required / 1D or 2D / Broadcast Code		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">No</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>	Yes	No		
	Yes	No												
	Yes	No												
	Engineering Stamp Part #: _____		Broadcast Label#: _____		1-D or 2-D Code#: _____									
	Inbound Pallet Pack Quantity _____		Inbound Packaging Type _____											
Outbound Pallet Pack Quantity _____		Outbound Packaging Type _____												
Packaging Materials Required & Size(Specs) (ex Foam, Boxes) _____														
Returnable Type: _____		COLOR: _____		Returnable Part Numbers _____										
*Customer / Supplier Signature _____				Date _____										
MP&L	Raw Part # _____		Service Part # _____		Customer Part # _____									
	Shipping Profile <input type="checkbox"/>	Part Specification <input type="checkbox"/>	Part Master <input type="checkbox"/>	Ccore BOM <input type="checkbox"/>										
	Confirmed Returnable Type / Part Numbers / Pack Out Quantity Against Packaging Screen or Releases _____													
	Returnable Department Notified Of Kitting Returnables _____													
Notified By _____			Notified To _____											
*Signature Of MP&L Personnel When Complete _____				Date _____										
Quality	Database Spreadsheet Updated _____		Date Database Spreadsheet Updated _____											
	Product ID Template Created _____		Product ID Template Complete Date _____											
	*Signature Of Quality Personnel When Complete _____				Date _____									
Receiving	Product Warehouse Location _____		Product Weight _____		Stamp or Engineering Part # _____									
	Quality Notified To Take Pictures On First Day Of Arrival		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">No</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>	Yes	No			Arrival Date _____						
	Yes	No												
*Signature Of Receiving Personnel When Complete _____				Date _____										
*NPR Complete (Quality to Sign) _____				Date _____										
All Parties	Comments Or Notes _____													