

# 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>Yes</td><td>No</td></tr> <tr><td> </td><td> </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>Yes</td><td>No</td></tr> <tr><td> </td><td> </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>Yes</td><td>No</td></tr> <tr><td> </td><td> </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 _____															