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| **Document Receipt Form** | | | |
| **Date\*：** | | | |
| **Incoming Document Date\*** |  | **Urgency \*** |  |
| **Sender Department \*** |  | **Recipient Department\*** |  |
| **Document Number\*** |  | | |
| **Document Subject\*** |  | | |
| **Receipt Date\*** |  | **Receiving Personnel\*** |  |
| **Authorizing Counter\*** |  | | |
| **Notified Personnel\*** |  | | |