



BCP CENSSIS: U3 (b): User Use Entry Reject Form

Date:

Location:

Send to: CSSU 1/CSSU2

No.	Pack Name	Serial Number	Item Name	Reject Reason	Remarks	Reject by	Reject on
				<input type="checkbox"/> Incomplete <input type="checkbox"/> Breakage <input type="checkbox"/> Dirty			
				<input type="checkbox"/> Incomplete <input type="checkbox"/> Breakage <input type="checkbox"/> Dirty			
				<input type="checkbox"/> Incomplete <input type="checkbox"/> Breakage <input type="checkbox"/> Dirty			
				<input type="checkbox"/> Incomplete <input type="checkbox"/> Breakage <input type="checkbox"/> Dirty			
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				<input type="checkbox"/> Incomplete <input type="checkbox"/> Breakage <input type="checkbox"/> Dirty			

Received by (CSSU):

Received on (Date & Time):

Distributed by:

Distributed on (Date & Time):

Collection Method :

Porter Name (if necessary):

Received by (User):

Received on (Date & Time):

For BCP Committee use only:

Request Number: