

Check One:

Delivery

Return of Original

CSM # _____

Marathon Petroleum Company LP

GALVESTON BAY REFINERY

CONTRACTOR MATERIAL ORDER/RECEIPT & RETURN AUTHORIZATION

Contractor Name: _____	(Complete if applicable)	Supplier Name: _____
Contractor/PO #: _____	Subcontractor Name: _____	Address: _____
Contractor Code: _____	Subcontract/PO #: _____	Quote/Inv # _____
WO #: _____	Subcontractor Code: _____	Contact: _____
		Delivery By: _____

Additional Information: _____

QTY	DESCRIPTION OF MATERIALS TO BE PROCURED BY CONTRACTOR	PRICE/ EA	TOTAL \$

APPROVALS:

Contractor Rep.: _____ Date: _____

Marathon Coordinator: _____ Date: _____

Cost Engineer: _____ Date: _____

Subtotal	\$	0.00
Freight	\$	
Tax	\$	0.00
Markup	\$	0.00
Total Price	\$	0.00