

Company Name
Address Line 1
Address Line 2
Contact: _____

DELIVERY RECEIPT SLIP

DR No.: _____ Date: _____ Time: _____	Vehicle No.: _____ Driver Name: _____ Contact No.: _____	Delivered To: _____ Address: _____ Contact No.: _____
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Description of Items

No.	Item Description	Quantity	Unit	Remarks

Remarks

Received By

Name & Signature / Date

Delivered By

Name & Signature / Date

Approved By

Name & Signature / Date