

Item Collection Receipt Form

Receipt No.

Date

Collected From (Name/Dept/Company):

Collected By (Name):

Item Details:

#	Description	Quantity	Unit	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes:

Signature (Collected By)

Signature (Authorized Staff)