

# Item Collection Receipt Form

Receipt No.

Date

Collected From (Name/Dept/Company):

Collected By (Name):

Item Details:

#	Description	Quantity	Unit	Remarks
1	<div></div>	<div></div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>

Additional Notes:

Signature (Collected By)

Signature (Authorized Staff)