

Goods Delivery Receipt

Receipt No:

Date:

____ / ____ / ____

Reference / Order No:

Supplier:

Delivered To:

Itemized List

| No. | Item Description | Unit | Quantity Delivered | Remarks |
|-----|------------------|------|--------------------|---------|
| | | | | |
| | | | | |
| | | | | |

Additional Notes:

Received By _____

Delivered By _____

Verified By _____

* Please check items carefully before signing receipt.