Health Food Store Delivery Receiving Record

Date R	eceived					
Supplie	er Name					
Invoice	/ Delivery Note No.					
Receiv	ed By					
Deliver	y Person					
Checke	ed By					
Items F	Received					
No.	Item Description	Quantity	Unit	Condition	Expiry Date	Remarks
Receiv	er's Signature					
Deliver	y Person's Signature					
Date						