

Shipment Receiving Form

Date Received

Supplier Name

Shipment / Invoice #

Received By

Notes

Product Name / SKU	Description	Expected Quantity	Received Quantity	Condition	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Receiver's Signature