

FMCG Cross-Docking Transfer Form

Transfer No.

Date

Prepared By

From Location

Warehouse

Dock

To Location

Warehouse

Dock

Transfer Items

Item Code	Description	Batch/Lot No.	Expiry Date	UOM	Quantity	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"/>

Notes

Authorized Signatures

Prepared By

Checked By

Approved By