

# Hospital Medical Supplies Receiving Report

Receiving Report No.

Date Received

Department/Ward

Supplier Name

Delivery Note/Invoice No.

Reference (PO No.)

## Medical Supplies Received

No.	Item Description	Unit	Quantity Ordered	Quantity Received	Batch / Lot No.	Expiry Date	Remarks

Received By

Checked By

Remarks

Received By

Checked By

Authorized By