Pharmaceutical Product Receiving Report

Date F	Received						
Receiv	ving Staff						
Supplie	ar.						
Сиррік	51						
Delive	ry Note / Invoice No.						
Purcha	ase Order No.						
Wareh	ouse / Department						
Rema	rks						
_							
Product Details							
No.	Product Name	Batch No.	Expiry Date	Quantity Received	Unit	Condition	Remarks
D	- d D. (Nama & Cim						
Kecel	ved By (Name & Sigi	nature)					
Date							
Check	ed By (Name & Sigr	nature)					
Date							