

# Warehouse Goods Receiving Report Form

Date

Report Number

Supplier

Delivery Note

Received By

Checked By

Goods Details

Item Description	Quantity Received	Unit	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"/>

General Remarks / Notes

Receiver's Signature

Approver's Signature