## Pharmaceutical Goods Receiving Record

Date R	eceived						
Deliver	y Note No.						
Supplie	er Name						
Purcha	ase Order No.						
Investor NI-							
Invoice No.							
							1
No.	Product Name	Batch/Lot No.	Expiry Date	Quantity Received	Unit	Condition on Receipt	Remarks
Remarks							
Received By							
Checked By							
Date							