

# Organic Cosmetics Inbound Receipt Form

Receipt No.

Supplier Name

Date Received

Received By

Reference/PO No.

Product Name	Batch/Lot No.	Quantity Received	Unit	Expiry Date	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Inspected By

Inspection Date

Approved By

Approval Date