

Supplier Material Delivery Checklist

Supplier Name

Delivery Date

PO Number

Material Description

Delivery Reference

Checked By

Delivery Checklist

Item	Yes	No	Remarks
Correct Material/Specification	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Correct Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No Visible Damage	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper Packing/Labeling	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Accompanied by all Required Documents	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments

Receiver Signature

Date