

Material Receiving Verification Form

Date Received

Received By

Supplier

Delivery Note/Invoice No.

PO Number

Location

No.	Material Description	Part/Code	Qty Ordered	Qty Received	Unit	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes/Comments

Receiver's Signature

Verified By

Date