

Supplier Delivery Goods Receipt Form

Supplier Name

Delivery Date

GR Number

Delivery Note No.

Purchase Order No.

Received By

Goods Details

No	Item Description	SKU/Code	Qty Ordered	Qty Delivered	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"/>

Additional Remarks

Receiving Time

Supplier
Signature / Stamp

Receiver
Signature

Manager
Signature