

Retail Goods Receiving Confirmation Form

Store Name

Receiving Date

Reference No.

Supplier Name

#	Item Description	SKU/Code	Quantity Ordered	Quantity Received	Unit	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Remarks

Received By _____

Checked By _____

Supplier's Representative _____
