

Goods Transfer Slip

Slip No: _____
Date: _____
From Warehouse: _____
To Warehouse/Store: _____
Requested By: _____
Approved By: _____

#	Item Code	Description	Unit	Quantity	Remarks
1					
2					
3					
4					
5					

Issued By:Received By:Checked By:

Name & Signature

Name & Signature

Name & Signature