

Goods Receiving Damage Report

General Information

Store Name

Date

Received By

Supplier Name

Delivery Note #

Details of Damaged Goods

Item Description	SKU / Code	Quantity Received	Quantity Damaged	Description of Damage
<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"/>

Action Taken

Describe actions taken (e.g. returned to supplier, reported to manager, etc.)

Reported By

Approved By

Date