

Incoming Shipment Verification Form

Date Received

Supplier Name

Shipment / Invoice No.

Received By

Delivery Location

Item Code	Description	Expected Qty	Received Qty	Condition	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Selec<div></div></div>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Selec<div></div></div>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Selec<div></div></div>	<input type="text"/>

General Comments

Verifier Signature

Verification Date