Retail Goods Receiving Checklist Form

Store Name

Date Received

Supplier Name

Received By

Delivery Note / Invoice No.

No.	Item Description	SKU/Code	Expected Qty	Received Qty	Condition (OK / Damaged / Missing)	Remarks
1						
2						
3						
4						

Checklist

☐ All items accounted for

☐ Packages/Boxes undamaged

☐ Items verified against order

☐ Paperwork received

Additional Remarks

Receiver's Signature

Print Name

Date

Supplier/Carrier Signature

Print Name