Retail Warehouse Incoming Goods Inspection Form

Date

Receiving Dock No.

Delivery Reference No.

Supplier Name

Vehicle No.

Inspected By

Goods Details

Item Description	SKU/Code	Ordered Qty	Received Qty	Condition	Inspection Remarks
				Selec ▼	
				Selec ▼	
				Selec ▼	

Overall Inspection Comment

Action Taken   Select ▼

Inspector Signature

Name

Warehouse Manager Signature

Name