

# Supplier Delivery Receiving Record

Record No.

Date Received

Time Received

Supplier Name

Supplier Contact

Delivery Note No.

Warehouse Location

Received By

Items Received

No.	Description	Item Code	Quantity	Unit	Condition	Remarks
1						
2						
3						
4						

Additional Comments

Delivered By (Supplier)

Received By (Warehouse)

Checked By (QA/Inspector)

