

Pharmaceutical Goods Receipt

Receipt No.

Date

Warehouse Location

Supplier Name

Delivery Note / Invoice No.

Delivery Date

Vehicle/Transport Details

Goods Received Details

#	Product Name	Batch No.	Expiry Date	Quantity Received	Unit	Manufacturer	Remarks

General Remarks

Received By

Date:

Checked By (QA)

Date:

Approved By (Manager)

Date:

