

# Consignee Acceptance Certificate

Certificate No.: \_\_\_\_\_

Date: \_\_\_\_\_

Consignee Name: \_\_\_\_\_

Consignee Address: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

## Description of Goods/Services:

Item	Description	Quantity	Remarks
1			
2			

I hereby confirm that the goods/services described above have been received in good condition and in accordance with the purchase order/contract specifications.

Consignee Signature

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Supplier/Delivery Representative Signature

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_