

Order Fulfillment Delivery Record Form

Order Number

Order Date

Delivery Date

Delivery Reference

Customer Name

Customer Address

Contact Number

No.	Item Description	SKU/Code	Qty Ordered	Qty Delivered	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes / Special Instructions

Prepared by

Date

Checked by

Date

Received by (Customer)

Date