

Transporter Delivery Verification Slip

Slip No.: _____

Date:

Transporter Name: _____

Vehicle No.: _____

Driver Name: _____

Contact No.: _____

Origin: _____

Destination: _____

Sr. No.	Description of Goods	Quantity	Unit	Remarks
1				
2				
3				

Remarks : _____

Delivered By (Transporter)

Name & Signature

Date

Received By (Recipient)

Name & Signature

Date