

Cold Storage Warehouse Receipt Form

Warehouse Information

Warehouse Name

Location

Date

Receipt No.

Contact Number

Depositor Information

Depositor Name

Address

Contact

Goods Details

Description of Goods	Quantity	Unit	Package Type	Condition	Temperature Req.
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Special Instructions / Remarks

Depositor's Signature

Date: _____

Warehouse Keeper's Signature

Date: _____