

Departmental Goods Receipt Acknowledgement

Department:

Date:

____ / ____ / ____

Receipt No.:

Issued By (Supplier/Store):

Goods Received Details

#	Description of Goods	Quantity	Unit	Remarks
1				
2				
3				

Remarks / Observations

Received By
(Name & Signature)

Checked By
(Name & Signature)

Date

Note: Please verify the goods received thoroughly before acknowledging. Report any discrepancy immediately.