

# Raw Materials Goods Receipt Form

Receipt No.

Date

Supplier Name

Delivery Note No.

PO No.

Vehicle No.

Received By

No.	Material Code	Material Name / Description	Unit	Quantity Ordered	Quantity Received	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Remarks

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Received By

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Inspected By

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Authorized By