

Last Mile Goods Delivery Receipt

Receipt No.	_____	Date	_____
Carrier	_____	Carrier Contact	_____
Order/Invoice No.	_____	Delivery Vehicle No.	_____
Consignee Name	_____		
Delivery Address	_____		

Delivered Items

#	Description	Quantity	Unit	Remarks
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Acknowledgement:

I/We acknowledge receipt of the goods listed above in good condition, unless otherwise stated.

Consignee Signature

Name: _____

Date: _____

Delivery Personnel Signature

Name: _____

Date: _____

For any discrepancy, please contact our support within 24 hours of delivery.