

Port-Authorized Empty Container Return Receipt

Return Details

Receipt No.	Date
Port Name	Gate/In Location
Return Time	Vessel/Voyage

Container Information

Container No.	Type/Size	Condition	Seal No.	Line/Carrier

Truck & Driver Details

Truck No.	Driver Name
License No.	Contact

Remarks

Returned By (Driver):

Date: _____
Received By (Port Staff):

Date: _____