

Multi-Parcel Delivery Acknowledgment Form

Delivery Details

Delivery Date

Delivery Time

Delivered By

Full Name

Recipient Name

Full Name

Location / Address

Address

Parcel Information

Parcel No.	Description	Tracking Number	Condition	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>

Additional Notes

Enter any additional comments or notes

Recipient Signature

Date & Time

By signing above, I confirm receipt of all listed parcels in their stated condition.