

# Logistics Goods Receiving Form

Date:

Time:

GRN/Reference No.:

Supplier Name:

Vehicle/Truck No.:

Driver Name:

Purchase Order No.:

Received By:

Received Goods Details:

No.	Item Description	Item Code	Qty Ordered	Qty Received	Unit	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"/>

Goods Condition:

Notes/Remarks:

Received By

Inspected By

Supplier/Driver