

Receiving Dock Goods Entry Document

Document Date:

Dock Number

Receipt Number

Supplier Name

Vehicle Number

Remarks

#	Item Description	Part/Batch No.	Qty Received	Unit	Condition	Comments
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>

Received By

Name:

Checked By

Name:

Authorized By

Name: