

# Outbound Logistics Delivery Order Form

Delivery Order No.

Date

Reference No.

Recipient / Customer Name

Delivery Address

Contact Person & Phone

Delivery Details

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

Vehicle Number

Driver Name

Dispatch Date & Time

Remarks

Prepared By

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Name & Signature  
Checked By

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Name & Signature  
Approved By

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Name & Signature  
Received By

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Name & Signature