

Detailed Delivery Receipt Form (Fragile Items)

Sender Information

Name: _____
Company: _____
Address: _____
Contact Number: _____
Email: _____

Receiver Information

Name: _____
Company: _____
Address: _____
Contact Number: _____
Email: _____

Delivery Details

Tracking Number: _____
Delivery Date/Time: _____
Courier/Driver Name: _____
Vehicle Number: _____

Item Description

Item #	Description	Quantity	Declared Value	Special Handling Instructions	Initial Condition at Dispatch	Condition Upon Delivery
1					<input type="checkbox"/> Intact <input type="checkbox"/> Minor Scuffs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Scratched <input type="checkbox"/> Other: _____

Special Handling Instructions (if any):

Remarks / Notes:

Sender Confirmation

Signature: _____ Date: _____

Receiver Confirmation

Signature: _____ Date: _____

This detailed delivery receipt form ensures the safe handling and accurate documentation of fragile items during transit. It enhances accountability and protects both sender and receiver in case of disputes.