

Goods Receipt Form Sample

Date: _____
Goods Receipt No.: _____
Supplier Name: _____
Supplier Invoice No.: _____
Received By: _____
Location/Warehouse: _____

Item No.	Item Description	SKU/Part No.	Quantity Ordered	Quantity Received	Unit	Condition	Remarks
1	Example Item 1	ABC123	100	100	pcs	Good	
2	Example Item 2	XYZ456	50	49	pcs	Damaged	1 item Broken

Comments/Discrepancies: _____

Received By (Name & Signature): _____
Date: _____
Verified By (Name & Signature): _____
Date: _____