

Delivery Record Form

Courier Service Name: _____

Date: _____ Driver/Employee: _____

Order/Tracking Number	Sender Name & Contact	Recipient Name & Contact	Delivery Address	Package Description	Time Out	Time Delivered	Recipient Signature	Remarks
1234567890	John Smith 555-1234	Mary Doe 555-6789	123 Main St, City, ZIP	Small Box	09:15 AM	10:00 AM	_____	

Note: The **delivery record form** sample for courier services streamlines the tracking of all shipments, ensuring accurate documentation of delivery details. This form helps maintain a clear and organized record, facilitating efficient package management and customer satisfaction. Utilizing a standardized delivery record enhances accountability and operational transparency within courier operations.