

## Goods Receipt Form For Hospital Supplies

This **goods receipt form** sample is designed specifically for hospital supplies to ensure accurate tracking and verification upon delivery. It streamlines the documentation process, helping hospital staff manage inventory efficiently. Using this form improves accountability and reduces errors in supply handling.

**Goods Receipt No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Contact:** \_\_\_\_\_

**Delivery Note No.:** \_\_\_\_\_

**Purchase Order No.:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

### Items Received

No.	Description of Item	Item Code	Quantity Ordered	Quantity Received	Unit	Batch No.	Expiry Date
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____

### Inspection & Remarks

Condition of Goods upon Receipt:

Any Discrepancies / Damages:

**Received by (Name & Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Checked by (Name & Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_