

Delivery Record Form - Medical Supplies

The **delivery record form** sample for medical supplies ensures accurate tracking and documentation of all shipments received. This form helps maintain proper inventory control by recording essential details such as delivery date, supplier information, and quantity delivered. Utilizing this form improves accountability and streamlines the medical supply management process.

Delivery Date: Delivery Time:

Supplier Name: Supplier Contact:

Recipient Name: Department/Location:

Item Description	Item Code	Quantity Delivered	Unit	Batch/Lot Number	Expiry Date	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"/>

Delivered By: Signature: Date:

Received By: Signature: Date:

Remarks / Notes:

Note: Ensure all information is accurately filled for inventory and accountability purposes.