



Receipt of Goods Verification

Date: _____

Supplier (use one form per supplier): _____

Receipt/Invoice #: _____

Item Description	Number Of Items	(ea/doz/case...)	Receipt or Invoice Total	All items Received per Invoice (Y/N) <small>(note any variances below)</small>	Items Stored Location

Variances (Please list any missing or damaged items from shipment):

By filling out and signing this form, the company representative is affirming that all items have been received as noted.

Received by: _____

(Print)

(Signature)

Instructions:

Fill out form completely. If extra lines are required, fill out another form. Attach all packing slips/invoices to this form and place in GM/OSM basket.