



# AFFORDABLE I N N S

## 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) (note any variances below)	Items Stored Location

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

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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.