

Delivery Receipt Statement

Company Name

Address Line 1, Address Line 2

Phone: (000) 000-0000

Delivery Receipt No.:	<input type="text"/>	Date:	<input type="text"/>
Delivered To:	<input type="text"/>		
Address:	<input type="text"/>		

Item Description	Quantity	Unit	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"/>

Received by:

Signature over Printed Name

Date Received: