

Goods Receipt Slip

(Ref. SOP WAR-005)

Component Movement Direction

Storage Type	Storage Bin	Sign	Date
Q (Quarantine)			
DS (Dispensary)	(Booth #)		
Q (Quarantine)			
BS (Bulk Store)			
Comment if item is rejected:			

Goods Receipt Number: YY000000							
Consignment note:				Supplier:			
Goods receipt date:				Contact:			
Receiving Plant:				No. of pallets:			
Purchase Order #:				No. of containers:			
No. of ID labels:							
Item #	Material Code	Material Description	Mfg's Batch #	Initial Qty.	Qty. after sampled	Date & Qty. after Re-sampled (if applicable)	
							Date:
Receiving store person:				Sign:		Date:	
Sampler:				Sign:		Date:	
Sampler (if re-sampled):				Sign:		Date:	