

GRN No.....

COMPANY:**Physical Address:****P.O. BOX:****Tel:****GOODS RECEIVED NOTE**

Date	PDN No	Truck Number	Name of Depositor/Buyer

TRANSPORTER.....

Name of Commodity	Quantity	Net weight kg	Unit price kg	Value
TOTAL				

REMARKS _____

WAREHOUSE SUPERVISOR _____

SIGNATURE _____

NAME OF DEPOSITOR REPRESENTATIVE _____

SIGNATURE _____

1. DEPOSITOR
2. TRANSPORTER
3. BOOK COPY