

DELIVERY NOTE



NOTE NO.

DATE DISPATCHED

ORDER / PO NO.

FROM (SUPPLIER)
Supplier name
Address
Phone
Tax no.

DELIVER TO (CUSTOMER)
Customer name
Site / delivery address
Contact person
Phone

#	Item / description	Qty	Unit	Delivered so far (optional)	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

NOTES / DELIVERY INSTRUCTIONS

VEHICLE NO. (OPTIONAL)

DRIVER NAME (OPTIONAL)

DRIVER PHONE (OPTIONAL)

GOODS RECEIVED IN GOOD CONDITION

Received by

Name

Signature

Signature

Date

Date

COMPANY STAMP