

GOODS RECEIVED NOTE (GRN)



GRN NO.

DATE RECEIVED

PO NO.

DELIVERY NOTE NO.

SUPPLIER

RECEIVED AT (LOCATION)

#	Item	Qty ordered	Qty received	Qty accepted	Qty rejected	Remarks / condition
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Totals						

NOTES (SHORTAGES, DAMAGES, RETURNS TO SUPPLIER)

SIGN-OFF

Received by

Name, signature & date

Checked by

Name, signature & date

Store / warehouse

Name, signature & date