

Material Receipt Report

M/S. _____

Order No : _____
 Order Date : _____
 Bill / Challan No : _____
 Bill / Challan Date : _____
 Date of Receipt : _____

Sr.no	Articles	Demanded Qty	Price	Per	Entered Qty

Material received for the Department : _____

Material approved and checked by : (Name) _____ (Sign) _____

Head of the Department : _____

Departmental _____ Register's Page No. _____ Item No. _____

G.P.R. Page No _____ Item No. _____

Sign

Store Keeper

Store Officer

Principal