AMDA-Nepal

Good Received Note

Ref.: …….

Hospital/Project: ……..

GRN Date: ……

Supplier's Name: ……..

VAT/PAN No: ……...

Purchase Order No: ……....

Supplier's Invoice No: ….....

Purchase Order Date: …….

Supplier's Invoice Date: ……

Sn	Description of Goods/Items	L/F	Unit	Qty Ordered	Qty Received	Unit Price	Total Amt	Remarks
						Total:		

All the goods are received in good condition & complied with the specification specified in the purchase order, except those mentioned in the remarks column.

Received by (Store)	Inspected by (Procurement)	Approved by (OIC)
(Name, Sign, Date)	(Name, Sign, Date)	(Name, Sign, Date)