Goods Acceptance Papers

Date: _____ Papers # _____

Employee Name: _____

Emp.ID: _____ Department: _____ Unit: _____

Description: _____

_____

_____

Material Details – Returned

Material Name	Material #	Qty	Verified Yes / No	Dept. Head Sign.	Verified By

Non- Returned Materials

Item	Cost ($)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Employee Sign: _____ Date: _____

Store in-charge: _____ Sign_____ Date:_____

Human resources – Sign: _____ Date: _____