

Proof of Delivery Form

One form per delivery. Ask the person receiving the order to sign, then keep this copy.

Form no. _____

BUSINESS

Business name

Phone

ORDER

Order or invoice no.

Order date

CUSTOMER

Customer name

Customer phone

Delivery address

ITEMS DELIVERED

#	Item	Quantity	Condition on delivery
1			Good / Damaged / Missing
2			Good / Damaged / Missing
3			Good / Damaged / Missing
4			Good / Damaged / Missing
5			Good / Damaged / Missing
6			Good / Damaged / Missing

DELIVERY

Delivered by

Date

Time

Amount collected on delivery, if any

Paid by

☐ Cash ☐ UPI ☐ Other

☐ Delivered ☐ Not delivered

If not delivered: ☐ Customer not available ☐ Customer refused ☐ Address not found ☐ Other

RECEIVED BY

Name

Relationship to customer (if not the customer)

Receiver's signature

Delivery person's signature

REMARKS