

Items Issuing Form

Form No.:

Items Received By

Name: _____

Designation: _____

Organization: _____

Address: _____

Contact Number: _____ **Mobile Number:** _____

Email: _____

S.N.	Items Name	Description

Received From: _____ **Designation:** _____

Department: _____ **Date:** _____

Terms and Conditions: Please note safety of received goods is the sole responsibility of the recipient. All items must be returned back in the same condition as received. Any loss or theft will be the responsibility of the recipients.

Received By

Issued By
