**Goods Acceptance Report**

Name of the stores :

Item :

Indent No :

Quantity Ordered :

Quantity Supplied :

Sample No :

Invoice No :

Date and time of

Delivery of stocks :

Bin Card No :

We checked the quality of the stocks received for indent number …………………………. with TEC approved sample/ \*sample submitted. We here by certify that the stocks are/are not in good quality/\* not accept to the stores.

Reason for not acceptance:

…………………………………………………………………………………………………………….

…………………………………………………………………………………………………………….

**Members of the Committee.**

**Name Designation Signature Date**

1.

2.

3.

4.