

DELIVERY RECEIPT

Company Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____

Date: _____

Receipt #: _____

Delivery Information

Description of delivered item(s): _____

Delivered to: _____ Street Address: _____

City, State, Zip: _____ Phone: _____

Summary of Charge

Payment Method: ☐ Cash ☐ Other: _____	☐ Credit (No. _____) ☐ Check (No. _____)	Delivery Charge	
		Tax Rate	
		Total Tax	
		Total Amount Due	

Comments: _____

Received by: _____

Recipient Signature _____

Delivery Person Signature _____

