Packaging Check sheet

Supplier Name: _____

Details

Packing ID	Date	Customer Order # & Date	Internal Memo # & Date	Product Description	Packing Qty	Quantity Delivered	Quantity Chcked Yes / No	Check Ref. #	Remarks

Issues / Shipping issues / Packaging issues

Order #	Oder Date	Order Qty	Details	Issue Close Ref / Date

Prepared by   **Verified on completion by**