Stock Register

Stock Records for Month / Year : _____ **Record Holder: _____**

Date	Material ID	Material Name	Opening Stock Qty / U.O.M	Invoice No. & Date of Receipt	Received Qty / U.O.M	Total Qty / U.O.M	Issue Reciept No. & Date	From Department	Qty /U.O.M	Closing Stock / U.O.M	Sign.	Remarks

Format No.

Rev. No.

Rev.Date.

Verified by & Sign.