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| Date |  | | | | |
| Vessel name : |  | | | | |
| Port of delivery |  | | | | |
| ***For office use*** | | | ***For vessel use to fill up*** | | |
|  |  |  |  |  |  |
| SERVICES | | | | | |
| *PO number* | *Supplier* | *PO description* | *Service received* | *If any follow up required* | *Remarks / notes* |
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| BY LOCAL DELIVERY | | | | | |
| *PO number* | *Supplier* | *PO description* | *Item received*  *(y/n/pd)* | *Med Certificates / MSDS – received (Y/N)* | *Additional Remarks / notes* |
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| BY FORWARDING AGENT / LOGISTICS PROVIDER/ AGENT | | | | | |
| *PO number* | *Supplier* | *PO description* | *Item received*  *(y/n/pd)* | *Med Certificates / MSDS – received (Y/N)* | *Additional Remarks / notes* |
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| ITEM TO BE LANDED | | | | | |
| *Landing form nr* | *Supplier* | *description* | *Item deliver* | *Shipment details* | *Additional Remarks / notes* |
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