

INBOUND TALLY SHEET (ASN : 0000002496)

[CAPSULE]



Invoice # : PI-0215-1044

HAWB # :

MAWB # :

PO # : 1412001

Ref#:

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ASN Line#	Ext Line#	Batch #	SKU	COO	Expiry Date	PackKey	# of Carton	Expected Qty	Received Qty
00001	00001	PL2360	B0103N		01/12/2017	1x112	74	8,206	

BELVEA PBF 30's (Lemon)

Pallet ID	Location	Quantity	Pallet ID	Location	Quantity	Sku Remarks
Pallet ID	Location	Quantity	Pallet ID	Location	Quantity	
Pallet ID	Location	Quantity	Pallet ID	Location	Quantity	
Pallet ID	Location	Quantity	Pallet ID	Location	Quantity	

S/No	Check Item Against Physical Stock	Yes	No	N/A	Remarks
1.	Product name is on label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Container is in good condition and seal is intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Batch number is correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Expiry / Retest date is correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Quantity is correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Check COO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Outer carton is clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Carton is not retaped at top and base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Type of irregularity, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<div><input type="checkbox"/> Leakage<input type="checkbox"/> Crushed<input type="checkbox"/> Dented<input type="checkbox"/> Broken<input type="checkbox"/> Shock Watch Activated<input type="checkbox"/> Others(Please specify)</div> <div><input type="checkbox"/> Hole<input type="checkbox"/> Missing<input type="checkbox"/> Soiled<input type="checkbox"/> Wet</div>				
10.	Vehicle number				
11.	No pest/insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Vehicle is clean & dry, odourless, free from pest & insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checked By : _____

PutAway By : _____

Verified By : _____

Date : _____

Date : _____

Date : _____