

# Schenker Singapore Pte Ltd

## Pick Ticket

[ CAPSULE ]

WMS Order # : 0000013737

Invoice # : 15062495

Ship-To Code : 530681

Ship-To Name : SHERATON MEDICAL CLINIC

Ship-To Address : BLK 681 HOUGANG AVE 8  
#01-843  
530681

09.Jun.2015 09:16:49

3rd Copy

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Order Line#	Skus	Batch #	Packkey	# of Carton	Expiry Date	Months From Expiry	Pickdetail Key
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1 00001 B0202N 4040021 1x12 2 2017/04/16 22 0000025286



BELVEA GENTLE SKIN WASH 650ML

Location	Pallet ID	Qty To Pick	Actual Qty Picked	UOM	Remarks
S3-37-A1	9000015398	14		EA	

2 00002 B0202N 4040021 1x12 1 2017/04/16 22 0000025287



BELVEA GENTLE SKIN WASH 650ML

Location	Pallet ID	Qty To Pick	Actual Qty Picked	UOM	Remarks
S3-37-A1	9000015398	7		EA	

3 00001 B0202N 4040021 1x12 1 2017/04/16 22 0000025285



BELVEA GENTLE SKIN WASH 650ML

Location	Pallet ID	Qty To Pick	Actual Qty Picked	UOM	Remarks
S3-41-C1	9000015397	10		EA	

**Total Qty : 31**

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"/>	
	<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)				
	<input type="checkbox"/> Hole <input type="checkbox"/> Missing <input type="checkbox"/> Soiled <input type="checkbox"/> Wet				
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"/>	

Picked By : \_\_\_\_\_

Verified By : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_