



RECEIVING REPORT

ICNAFM0000005121

Shipper/Consignee			Ref. Invoice No.:		Driver:		Container No:		
AFM-ALTERNATIVES FOOD CORP. -BULK					V2		DA		
Contacting Department:			Ref. DR No.		Plate No.:		Seal No.:		
			AD		V2		AD		
Truck Type:			AWB or BL No.:		Trucker:		Date:		
1X20					V2		01/08/25		
Sku Code:	Product Description	Batch No	MFGDate	EXPDate	Doc. Qty.		Rec. Qty.		UOM
T-MDM-TRAD	TURKEY MDM - TRAD				50	0.0000	0	0.0000	BOX
T-MDM-TRAD	TURKEY MDM - TRAD	AD	01/08/25	01/18/25	0	0.0000	50	50.0000	BOX
T-MST-PF	TURKEY MST - PF				50	0.0000	0	0.0000	BOX
T-MST-PF	TURKEY MST - PF	AS	01/08/25	01/25/25	0	0.0000	50	50.0000	BOX
Total Pallet(s): 2					100	0.0000	100	100.0000	

REMARKS

Prepared By: (Signature Over Printed Name)		Checked By: (Signature Over Printed Name)		Security Guard: (Signature Over Printed Name)	
<div>SYSTEM ADMINISTRATOR</div>		<div>SYSTEM ADMINISTRATOR</div>			
Documentation Staff		Warehouse Checker		Guard on Duty	
Acknowledge By: (Signature Over Printed Name)		Approved By: (Signature Over Printed Name)		Acknowledged By: (Signature Over Printed Name)	
Customer Representative		Approving Officer		Trucker Representative	
UNLOADING					
Start			Completion		
Date: 01/08/25			Date: 01/08/25		
Time: 09:00:00			Time: 09:01:00		
Note: THE ABOVE GOODS ARE RECEIVED IN GOOD ORDER AND CONDITION UNLESS OTHERWISE SPECIFIED THE COMPANY IS NOT LIABLE FOR THE CONTENTS OF ANY PACKAGE IN APPARENT GOOD CONDITION					

NOTES: (Overtime,Additional Manpower,Supplied By,NO of Manpower,Truck Provided By Mets)

No,No,Mets,5,NO

Stripping Requirement Charge Authorization	Confirmed By : (Signature over Printed Name)
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