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DELIVERY RECEIPT

DR NO. \_\_\_\_\_

DELIVER TO:   ADDRESS:   TELEPHONE NO.:	DELIVERY DATE:	
	SALE ORDER NO.:	
	SALES INVOICE NO.:	TERMS.

ITEM CODES:	ITEM DESCRIPTION	SERIAL NO	QTY	UOM

SPECIAL INSTRUCTIONS:

IMPORTANT: PLEASE CHECK ALL EQUIPMENT AND ACCESSORIES DELIVERED FOR ANY DAMAGES AND REPORT ANY MISSING ITEMS IMMEDIATELY UPON DELIVERY. SPORTFIT, INC. WILL NOT BE HELD LIABLE FOR ANY MISSING ITEMS REPORTED AFTER THE DAY OF DELIVERY.

PREPARED BY:  WAREHOUSE CUSTODIAN	APPROVED BY:  OPERATIONS MANAGER	RELEASED BY:  DISPATCH SUPERVISOR	RECEIVED THE ABOVE MENTIONED UNITS IN GOOD CONDITION. THE PRUCHASE AGREEMENT PRINTED ABOVE HAS BEEN READ, ACCEPTED AND AGREED TO.
SIGNATURE ABOVE PRINTED NAME	SIGNATURE ABOVE PRINTED NAME	SIGNATURE ABOVE PRINTED NAME	
INSPECTED BY:  SECURITY GUARD	DELIVERED BY:  DRIVER	VEHICLE NO:  PLATE No  DATE & TIME RELEASED:	PRINTED NAME: _____  SIGNATURE: _____  DATE: _____
SIGNATURE ABOVE PRINTED NAME	SIGNATURE ABOVE PRINTED NAME		