**Raw material receiving form**

Please make tick (√) in checked parameters and results

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| Date  DD/MM/YY | Full name of Supplier | Address or contact phone # | Amount received in kg/Lit. | Organoleptic test result | | Lab. Checked parameters | | Summery Result | | Remark |
| Accept | Reject | ……. | ……. | Accept | Reject |
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