

Return Receipt for Goods

RECEIVED FROM _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

DATE _____
OUR ADDRESS DX Ramps BV
Ondernemersstraat 3 - UNIT C
2500 Lier
Belgium

INVOICE NO. _____

QUANTITY	DESCRIPTION	CONDITION	ENTERED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

REMARKS:

RECEIVED BY _____

CHECKED BY _____