

Delivery Sheet of Hygienic Masks

Pursuant to the Order of the Secretary-General the Central Committee on the Price of Goods and Services No....., Dated.....

1. Producer

Name	Address/Telephone

2. Receiver at Destination

Name	Address/Telephone

3. Details of Goods

Name of Goods	Type / Grade	Quantity (Pieces)	Distribution Price/Piece
Surgical Mask			

4. Delivery of Goods

Original Place	Destination Place Name/Address/ Quantity (Pieces)
Vehicle	Registration Number
Type (Please Specify)	

Duration of Delivery of Goods Starting on Date.....at.....hrs. until Date.....at.....hrs.

To certify that the above information is true and correct in all respects

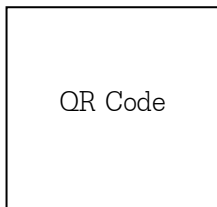
(Signed) Officer of Production Factory

(.....)

Date.....Month.....B.E.

(For Receiver at Destination Place)

Scan QR Code for Checking and Receiving Goods



I have already received Hygienic Masks in the quantity of pieces.

*Receipt of Goods to be Valid

(Signed).....Receiver at Destination Place/Agent

upon Having Already Scanned QR Code

(.....)

to Receive Goods via System

Date.....Month.....B.E.....at.....hrs.