

Waste Delivery Receipt



LGU SAN NICOLAS, PANGASINAN

(Name of Client)

Date:

Time In:

Time Out:

Origin	Driver's Name	Plate No.	Bin. No	Description (Type of waste)
				Residual waste

Total Volume: _____

Inspected by:	Approved by:
FOR. MARC ANGELU P. VICTOR	FOR. EDDIE A. MATEO
Name over signature (Inspector On-Duty)	Name over signature (Authorized Client Representative)

Residual

FOR. MARC ANGELU P. VICTOR

FOR. EDDIE A. MATEO