[Your Business Name]

Address: _____

Phone: _____

GATE PASS

Gate pass No.: _____ **Date / time out:** _____

Issued to: _____ **Vehicle no.:** _____

Purpose: _____ **Returnable: Yes / No:** _____

S.No	Description	Qty	Unit	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Returnable items to come back by: _____

Total quantity	

Issued by (store)

Checked by (security / gate)

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