

# Gate Pass

Name: Mr/Ms. \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_ Time Out: \_\_\_\_\_

Allowed to take the following items Out/In

S #	Inv #	Description	Qty	Purpose	Returnable/Non-Returnable

Prepared By: \_\_\_\_\_

Received By: \_\_\_\_\_

Verified By: \_\_\_\_\_