Supply report form for drugs & equipment

RegionZ	oneW	Voreda	Health Fac	ility	-	
Date of reportReported by: Name & Signature						
			A. Drugs			
Items	(A) Received	(B) Used	(C) Wastage/Damage	A - (B+C) Stock balance	Required	Remark
Vitamin "A"						
Albendazol						
Iron						
Iron Folate						
			B. Equipment			
Items	(A) Received	(B) Used	(C) Wastage/Damage	A - (B+C) Stock balance	Required	Remark
Scissors						
MUAC Tape						
Vitamin A & De- worming registration	n					
Screening registration book	n					
Tally sheet for PLW						
Monitoring Chart						