

TITLE OF FORM:			
Number of pages:		Procedure Number	
Prepared by:	Date:	Approved by:	Date:
Designation		Designation	

| Goods Received Note

Goods Received Note

Requisition no. _____ Institution: _____

Name of requisitioning officer: _____ Date: _____

Delivery note no: _____ Total number of packages: _____

Handed over by (name): _____ Date _____

Received by (name): _____ Date _____

Item description	Unit of issue	Unit price	Quantity ordered	Total price	Quantity delivered	Total price	Signature	Remarks
Acetylsalicylic acid 500 mg tab 1,000 tab								
Magnesium trisilicate 100 tab								
Chloroquine 100 mg 1,000 tab								
ORS sachets 50 sachets								
Procaine penicillin 1 vial								

Name and signature of receiving officer: _____

Review Date:					
Date Reviewed:					
Signature:					

