

**USAID Program for Advancing Supply Chain Outcomes (PASCO)  
3PL VENDOR TRIP REGISTER (FOR HUB USE ONLY)**

Hub Name: MONGU

Vendor Name: [REDACTED]

PO and Line Item #: PO-MNG-017 line 10

To be completed at time of loading/dispatch					To be completed at time of receipt								
#	Name of receiving entity	# of cartons loaded	# of pallets loaded	Condition of cartons/pallets @ loading	Vehicle arrival date at destination	Vehicle arrival time at destination	Seal # (if applicable)	Seal intact? (Y/N or N/A)	# Cartons Received	# Pallets Received	Notes on discrepancies or condition at receipt, if any.	Name of Authorized Receiving Entity Staff	Signature of Authorized Receiving Entity Staff
1	<u>Alomando</u>	<u>4</u>	<u>N/A</u>	<u>GOOD</u>	<u>29/05/23</u>	<u>16:17</u>	<u>N/A</u>	<u>N/A</u>	<u>04</u>	<u>N/A</u>	<u>NO discrepancies</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
2	<u>Nyambi 1</u>	<u>03</u>	<u>NA</u>	<u>GOOD</u>	<u>29/05/23</u>	<u>15:10</u>	<u>NA</u>	<u>NA</u>	<u>03</u>	<u>NA</u>	<u>NO DISCREPANCY</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
3	<u>Nyambi 2</u>	<u>3</u>	<u>NA</u>	<u>GOOD</u>	<u>29/05/23</u>	<u>15:57</u>	<u>N/A</u>	<u>N/A</u>	<u>03</u>	<u>N/A</u>	<u>NO DISCREPANCY</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
4	<u>AFumba</u>	<u>02</u>	<u>N/A</u>	<u>GOOD</u>	<u>29/05/23</u>	<u>17:02</u>	<u>N/A</u>	<u>N/A</u>	<u>02</u>	<u>N/A</u>	<u>NO DISCREPANCY</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
5	<u>IKUMKILE</u>	<u>04</u>	<u>N/A</u>	<u>GOOD</u>	<u>29/05/23</u>	<u>17:51</u>	<u>N/A</u>	<u>N/A</u>	<u>04</u>	<u>N/A</u>	<u>NO DISCREPANCY</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
6													
7													
8													
9													
10													

Dispatched By: [REDACTED]  
 Name: [REDACTED]  
 Time: 08:00  
 Date: 29/05/2023  
 Signature: \_\_\_\_\_

Driver's Identification and Validation:  
 Name: [REDACTED]  
 NRC: \_\_\_\_\_  
 Vehicle Registration: [REDACTED]  
 Signature: \_\_\_\_\_

REPUBLIC OF ZAMBIA  
MINISTRY OF HEALTH  
  
29 MAY 2023  
  
LUAMPA DISTRICT, NYAMBI II RHC  
P.O. BOX 940096  
LUAMPA

REPUBLIC OF ZAMBIA  
MINISTRY OF HEALTH  
  
29 MAY 2023  
  
AFUMBA RURAL HEALTH CENTRE  
P.O. BOX 940096,  
LUAMPA

P.O. BOX 940096  
NYAMBI II RHC  
  
08-5-23  
  
OFFICER IN-CHARGE  
MINISTRY OF HEALTH  
REPUBLIC OF ZAMBIA

29 MAY 2023  
  
RURAL HEALTH POST  
P.O. BOX 940096, LUAMPA