



CHINSALI GENERAL HOSPITAL

MINISTRY OF HEALTH

SUPPLY VOUCHER

No. [REDACTED]

TO (Names of Stores): Chinsali General Hospital FROM (name of Centre/Ward/Unit/Department): ZAMBIA Medicines and medical supply Agency

REQUESTED BY: [REDACTED] SIGNATURE: [REDACTED] DATE: 09/02/2023

AUTHORISED BY: [REDACTED] SIGNATURE: [REDACTED] DATE: 07/02/23

(A) ITEM CODE	(B) DESCRIPTION & STRENGTH	(C) UNIT	(D) BALANCE AT HAND	(E) (AMAC) AVERAGE MONTHLY CONSUMPTION	(F) QUANTITY TO ORDER (E X 2.5) - D	(G) QUANTITY SUPPLIED	(H) REMARKS
	[REDACTED]	<u>Each</u>	<u>0</u>		<u>57</u>	<u>57</u>	<u>Recalled</u>
		<u>Each</u>			<u>49</u>	<u>49</u>	<u>Returned</u>
	<u>Batch: 2E20539</u>						
	<u>Exp: 04/2025</u>						



APPROVED BY: [REDACTED] ISSUED BY: [REDACTED] DELIVERED BY: [REDACTED] RECEIVED BY: [REDACTED]
DATE: [REDACTED]



MINISTRY OF HEALTH

SUPPLY VOUCHER

REPUBLIC OF ZAMBIA

No. [REDACTED]

FROM (name of stores): MBALA GENERAL HOSPITAL TO (name of centre/ward/Unit/Department): ZAMMWA MPIKA HUB

REQUESTED BY: _____ SIGNATURE: _____ DATE: _____

AUTHORISED BY: _____ SIGNATURE: _____ DATE: _____

ITEM CODE	DESCRIPTION	UNIT	QUANTITY ORDERED/ WITHDRAWN	QUANTITY SUPPLIED	REMARKS e.g. REASON FOR WITHDRAWAL
1.	[REDACTED]	EACH	40	40	PRODUCT RECALLED

APPROVED _____ ISSUED _____ DELIVERED _____ RECEIVED _____
 BY [REDACTED]
 SIGNED [REDACTED]
 DATE [REDACTED]