

**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-M04-017 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> | [REDACTED] | [REDACTED] |
| 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> | [REDACTED] | [REDACTED] |
| 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> | [REDACTED] | [REDACTED] |
| 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> | [REDACTED] | [REDACTED] |
| 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> | [REDACTED] | [REDACTED] |
| 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