



INDENT FORM

FACILITY NAME: _____

DISTRICT: _____

DATE PREPARED: _____

REFERENCE NO.: _____

REPORTING PERIOD FROM: _____ TO: _____
(DD/MM/YY) (DD/MM/YY)

MAXIMUM MONTHS OF STOCK LEVEL: _____

MINIMUM MONTHS OF STOCK LEVEL: _____

S. NO.	PRODUCT	UNIT OF MEASURE	OPENING BALANCE FOR REPORTING PERIOD	QUANTITY RECEIVED DURING REPORTING PERIOD	QUANTITY CONSUMED/ISSUE/DISPENSED DURING REPORTING PERIOD	PHYSICAL COUNT	LOSSES AND ADJUSTMENTS		CLOSING BALANCE/STOCK ON HAND	DAYS OUT OF STOCK	AVERAGE MONTHLY CONSUMPTION (AMC) FOR LAST 3 MONTHS	MAX MOS QUANTITY	QUANTITY ON ORDER	QUANTITY REQUESTED	REMARKS
							Negative	Positive							
							-	+							
A	B	C	D	E	F	G= A+B-C -E+F		H	I	J= I*MAX MOS	K	L= J-G-K			

INDENT PREPARED BY: _____ SIGNATURE _____ DATE _____
(FULL NAME, DESIGNATION)

INDENT

INDENT APPROVED BY: _____ SIGNATURE _____ DATE _____
(FULL NAME, DESIGNATION)



Issues and Receive (IR) Form

FROM FACILITY
NAME/ADDRESS: _____ DISTRICT: _____

TO FACILITY
NAME/ADDRESS: _____ FORM NO: _____
(pre-printed number)

DATE FORM
PREPARED: _____ CONTACT
DETAILS

(MONTH, DATE, YEAR)

S. No.	Product	UoM*	Indent Quantity (Ref No.)	Batch No.	Expiry Date	Issue Quantity	No. Boxes	Received Quantity	Remarks
1									
2									
3									
4									
5									
6									

Issues by: _____ Signature: _____ Date: _____
(FULL NAME, DESIGNATION)

Transported by: _____ Signature: _____ Date: _____
(FULL NAME, DESIGNATION)

Received by: _____ Signature: _____ Date: _____
(FULL NAME, DESIGNATION)

- Unit of Measure



STOCK REGISTER

PRODUCT: _____
(PRODUCT NAME, DOSAGE FORM, STARTING)

PRODUCT CODE: _____

UNIT OF MEASURE: _____

MAXIMUM MONTHS OF STOCK LEVEL: _____

MINIMUM MONTH OF STOCK LEVEL: _____

S.NO.	TRANSACTION DATE (DD/MM/YY)	RECEIVED FROM/ISSUED TO	INDENT & RECEIPT FORM REF. NO. (IR/STN)	BATCH NO.	EXPIRY DATE (MM/YY)	QUANTITY RECEIVED (+)	QUANTITY ISSUED (-)	LOSS OR ADJUSTMENT (+ OR -)	BALANCE	REMARKS	NAME/SIGNATURE
BALANCE BROUGHT FORWARD											
BALANCE CARRIED FORWARD											



Return, Transfer and Discard (RTD) Form

FROM FACILITY
NAME: _____

DISTRICT: _____

TO FACILITY
NAME: _____

FORM NO: _____
(pre-printed number)

DATE FORM
PREPARED: _____

(MONTH, DATE, YEAR)

S. No.	Product	Unit of Measure	Batch No.	Quantity	Expiry Date	IR Form Reference No.	Reason for Transfer/Discard
1							
2							
3							
4							
5							
6							

Return/Transfer/
Discard Prepared by: _____ Signature: _____ Date: _____
(FULL NAME, DESIGNATION)

Return/Transfer/
Discard Approved by: _____ Signature: _____ Date: _____
(FULL NAME, DESIGNATION)

Return/Transfer/
Discard Accepted by: _____ Signature: _____ Date: _____
(FULL NAME, DESIGNATION)



GOODS RECEIPT NOTE (GRN)

INDENT NO.	GRN NO.	GRN DATE

DOCUMENTATION DELIVERED WITH GOODS		DETAILS
	Waybill No. (AWB No.) /Docket No.	
	Supplier Tax Invoice No.	
	Supplier Packing List	
	(Other)	
DESCRIPTION OF INDENT STATUS		DETAILS
	Complete Order	
	Part shipment with the balance pending	
	Final shipment completing the Order	
	Part shipment with balance from PO cancelled	

PLEASE COMPLETE ONE GRN PER DELIVERY							
Line No.	Item Code	Item Description	UoM	Qty. on PO/NOA	Qty. Received	Discrepancy	Comments (damaged/ Incorrect items)
1.							
2.							
3.							
4.							
5.							

SUPPLIER

Name: _____

Company/Organization: _____

Position: _____

Date: _____

Transport Details: _____

Signature: _____

STAFF RECEIVING GOODS

Name: _____

Company/Organization: _____

Position: _____

Date: _____

Transport Details: _____

Signature: _____



Monthly Stock Report (MSP)

FACILITY NAME: _____

SACS: _____

DATE PREPARED: _____

REFERENCE NO.: _____

REPORTING PERIOD FROM _____ TO _____
(DD/MM/YY) (DD/MM/YY)

MAXIMUM MONTHS OF STOCK LEVEL: _____

MINIMUM MONTHS OF STOCK LEVEL: _____

S. No.	Products/ Commodities	Unit of Measure	Batch Number	Expiry Date	Manufacturer	Initial stock	Receiving	Issue	Transfer	"Losses and Adjustment		Stock on Hand at SACS and Regional Level	Stock on Hand at Facilities level	Final Stock on Hand (SOH)
										Negative	Positive			
										-	+			
						A	B	C	D	E	F	G = A + B - C - D - E + F	H	I = G + H

Report Prepared by: _____
(FULL NAME, DESIGNATION)

Signature: _____ Date: _____

Report

Report Approved by: _____
(FULL NAME, DESIGNATION)

Signature: _____ Date: _____