STOCK CARD

REGION .....

DISTRICT ..... HEALTH FACILITY .....

DESCRIPTION ..... MAXIMUM (in month) .....

FORM ..... DOSAGE ..... MINIMUM (in month) .....

UNIT ..... UNIT COST .....

MONTH	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT	NOV.	DEC.	TOTAL
CONSUMPTION													
STOCK OUT DAYS													
A.M.C.													

DATES	BATCH NUMBER	EXPIRY DATE	ORIGIN / DESTINATION (REFERENCE #)	QUANTITY RECEIVED	QUANTITY ISSUED	LOSSES / ADJUSTMENTS	STOCK ON HAND	REMARKS

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