	CHW Name: Your name here  Supplying Health Facility: Name of facility that supplies you with health products  Reporting Period: Dates for the period you are reporting (e.g., March 1-31, 2014)					Max Stock Level (A):(Months)  District: Name of the district you are located in.  Date Completed: Date you complete the report (e.g., today)				This should be preprinted and used by resupply facility to calculate quantities to supply
Quantity Dispensed Refer to stock card or consumption record and calculate total amount given to treat children/clients over the reporting period	Completed by CHW						ted by Supp			
	Product Description	iption Unit Qu		spensed	Ending Balance	Quantity Needed to Reach II ((D x A) – E)			Quantity Supplied	
	amoxicillin 250 mg dispersible	tablet	D		E	F			G	Quantity Supplied Amount resupplied to the CHW
									Quantity Needed Calculated by facility using information reported by CHW and the calculation in column heading	
ng Balance ical inventory count e end of the reporting										
eriod	Prepared by (CHW)		Name		Title	D	Date		Signature	
	Issued by (HC)									
	Received by									
	CHW should write their name, date and signature in this row when completing the report									
		Įι	Hea	th facility staff	h					
				С	HW should write their name, d	ate and signat	ure in this row	when receiving he	alth products	