



Order Report For Githiga Private Medical Clinic
Ministry of Health
Health Commodities Management Platform

| | | | | | |
|----------------|-----------------------|-----------------------------------|-----------------------------|-------------|---|
| MFL No: 17401 | Health Facility Name: | Total OPD Visits & Revisits: 2123 | Level: | Dispensary | Health Centre |
| County: Kiambu | District: Lari | In-patient Bed Days :1221 | Order Date: 21 Aug, 2014 | Order no. 0 | Reporting Period Start Date: End Date: 21 Aug, 2014 |

| KEMSA Code | Description | Order Unit Size | Order Unit Cost | Opening Balance | Total Receipts | Total issues | Adjustments(-ve) | Adjustments(+ve) | Losses | Closing Stock | No days out of stock | Order Quantity (Packs) | Order Quantity (Units) | Order cost(Ksh) | Comment |
|------------------------------|--------------------------------------|-----------------|-----------------|-----------------|----------------|--------------|------------------|------------------|--------|---------------|----------------------|------------------------|------------------------|-----------------|---------|
| 1. Tablets and Capsules | | | | | | | | | | | | | | | |
| PM05ASA001 | Acetylsalicylic Tablets 300mg | 1000s | 247 | 1000 | 0 | 0 | 0 | 0 | 0 | 1000 | 0 | 10 | 10 | 2,470.00 | N/A |
| 2. Oral liquids | | | | | | | | | | | | | | | |
| PM05PAR002 | Paracetamol Syrup 120mg/5mL | 5l | 338 | 114 | 0 | 0 | 0 | 0 | 0 | 114 | 0 | 7800 | 7800 | 2,636,400.00 | N/A |
| 3. NON -PHARMACEUTICAL ITEMS | | | | | | | | | | | | | | | |
| NM01GAU001 | Paraffin gauze dressing, 10cm x 10cm | 10s | 201 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 10 | 10 | 2,010.00 | N/A |
| HG05CMB001 | Torniquet | Piece | 20 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 10 | 10 | 200.00 | N/A |

Total Order Value:
KSH 2,641,080.00

Drawing Rights Available Balance:
KSH 3,358,920.00

FACILITY TEL NO:

FACILITY EMAIL:

Prepared by (Name/Designation) Facility1 Facility

Email: kariukijackson@gmail.com

Tel: 254726534272

Date: 21 Aug, 2014

Signature

Checked by (Name/DPF/DPHN)

Email:

Tel:

Date: N/A

Signature

Authorised by (Name/DMoH)

Email:

Tel:

Date:

Signature