



Order Report For Jomvu Model Health Centre
Ministry of Health
Health Commodities Management Platform

MFL No: 11436	Health Facility Name:	Total OPD Visits & Revisits: 900	Level:	Dispensary	Health Centre
County: Mombasa	District: Changamwe	In-patient Bed Days :0	Order Date: 16 Oct, 2014	Order no. 1	Reporting Period Start Date: End Date: 16 Oct, 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. Antimalaria															
PM03ART005	Artemether/lumefantrine Tablets 100/20mg blister of 12	blister (12)	0	6	0	3	0	0	0	3	0	3	90	0.00	otreach
PM03ART004	Artemether/lumefantrine Tablets 100/20mg blister of 6	blister (6)	0	10	0	0	0	0	0	10	0	20	600	0.00	N/A
2. Tablets and Capsules															
PM01AMX004	Amoxicillin cap 250mg	1000s	1350	20000	0	1000	0	0	0	19000	0	12	12000	16,200.00	N/A
PM05PAR005	Paracetamol Tablets500mg	1000s	340	400000	0	3000	0	0	0	397000	0	20	20000	6,800.00	N/A
3. Oral liquids															
PM01AMX005	Amoxicillin oral Susp 125mg/5mL	100ml	27	40	0	10	0	0	0	30	0	7	7	189.00	N/A
4. Injections															
PM07ADR001	Adrenaline (epinephrine) Inj 1mg/1mL amp	amp	7	0	0	0	0	0	0	0	0	10	10	70.00	N/A

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PM03MET004	Metronidazole Inj 5mg/mL, 100mlvial	Vial	22	300	0	0	0	0	0	300	0	30	30	660.00	N/A
5. NON -PHARMACEUTICAL ITEMS															
NM01ZNS002	Zinc oxide strapping, 5cm x 4.5m	Roll	44	20	0	0	0	0	0	20	0	4	4	176.00	N/A
6. Family Planning Commodities															
NM21CND002	Condom, female	1000	0	100	0	0	0	0	0	100	0	20	20000	0.00	N/A
NM21CND001	Condom, male	4800	0	5000	0	0	0	0	0	5000	0	10	48000	0.00	N/A

Total Order Value:
KSH 24,095.00

Drawing Rights Available Balance:
KSH 647,826.00

FACILITY TEL NO:

FACILITY EMAIL:

Prepared by (Name/Designation) Facility User

Email: kariukijackson@gmail.com

Tel: 254726534272

Date: 16 Oct, 2014

Signature

Checked by (Name/DPF/DPHN)

Email:

Tel:

Date: N/A

Signature

Authorised by (Name/DMoH)

Email:

Tel:

Date:

Signature