

Ministry of Health

**HMIS FORM 017: REQUISITION AND ISSUE VOUCHER**

Name of Health Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept/section/ward/dispensary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Ordered by (Name and signature):** | |  |  | **Authorized by (Name and Signature):** | | |
| **Item Code No.** | **Item Description (name, formulation, strength)** | **Balance on Hand** | **Quantity**  **Required** | **Quantity Issued** | **Unit**  **Cost** | **Total Cost** |
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| Issue date: | |  | Receipt date: | | | |
| Name & Signature receiver: | |  | Name & Signature issuer: | | | |