



## Expanded Program on Immunization, Government of Pakistan

### Demand, Consumption & Receipt Form



**Campaigns Type ( \_\_\_\_\_ )**

UC \_\_\_\_\_ Tehsil: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_ Campaign Date: from \_\_\_\_\_ to \_\_\_\_\_ (MM/YY)

Product	DEMAND								CONSUMPTION			
	Doses per Vial	Target #	Wastage factor	Required		Opening Balance	Requested G = E - F	Received	Children Vaccinated/ Doses Administered	Vials Used	Unusable Vials	Closing Balance
				Doses D= B x C	Vials/Nos. E=D/A	Vials/Nos.	Vials/Nos.	Vials/Nos.		Vials/Nos.	Vials/Nos.	Vials/Nos.
	A	B	C	D	E	F	G	H	I	J	K	L
mOPV1	20		1.12									
bOPV	20		1.12									
tOPV	20		1.12									
Measles	10		1.11									
DIL Measles												
TT	20		1.11									
AD Syringes 0.5 ml												
Recon. Syringes (5 ml)												
Safety Boxes												

**Note:**

- i. Use blank rows, if needed to add more than one batch received for one product/new products
- ii. Columns B to G to be filled and sent to the issuing authority at least 2 weeks before the SIA. Column H to K to be filled and sent within 1 week after completion of the SIA

**Requested by –**

Name & Designation: \_\_\_\_\_

Store Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**Received by –**

Name & Designation: \_\_\_\_\_

Store Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**Reported by –**

Name & Designation: \_\_\_\_\_

Store Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_