



Expanded Program on Immunization, Government of Pakistan

Stock Issue & Receipt Voucher

(To be filled by District/Tehsil/Taluka Stores)



Campaigns Type (_____)

Supply from (District/Tehsil/Taluka): _____ Issued To (Tehsil/Taluka/UC): _____ Date: _____

S.No	Products	Doses per vial	Manufacturer	Batch #	Expiry Date (MM/YY)	Issue Quantity			Receive Quantity		
		A				Vials/Nos.	Total Doses (F = A x E)	VVM Stage	Vials/Nos.	Total Doses (I = A x H)	VVM Stage
		A	B	C	D	E	F	G	H	I	J
1	mOPV1	20									
2	bOPV	20									
3	tOPV	20									
4	Measles	01									
5	DIL Measles										
6	TT	10									
7	AD Syringes 0.5 ml										
8	Recon. Syringes (5 ml)										
9	Safety Boxes										
17											
18											
19											
20											

Note: Use blank rows, if needed to add more than one batch received for one product/new products

Issued by –

Name & Designation: _____

Store Name: _____

Signature & Date: _____

Received by –

Name & Designation: _____

Store Name: _____

Signature & Date: _____