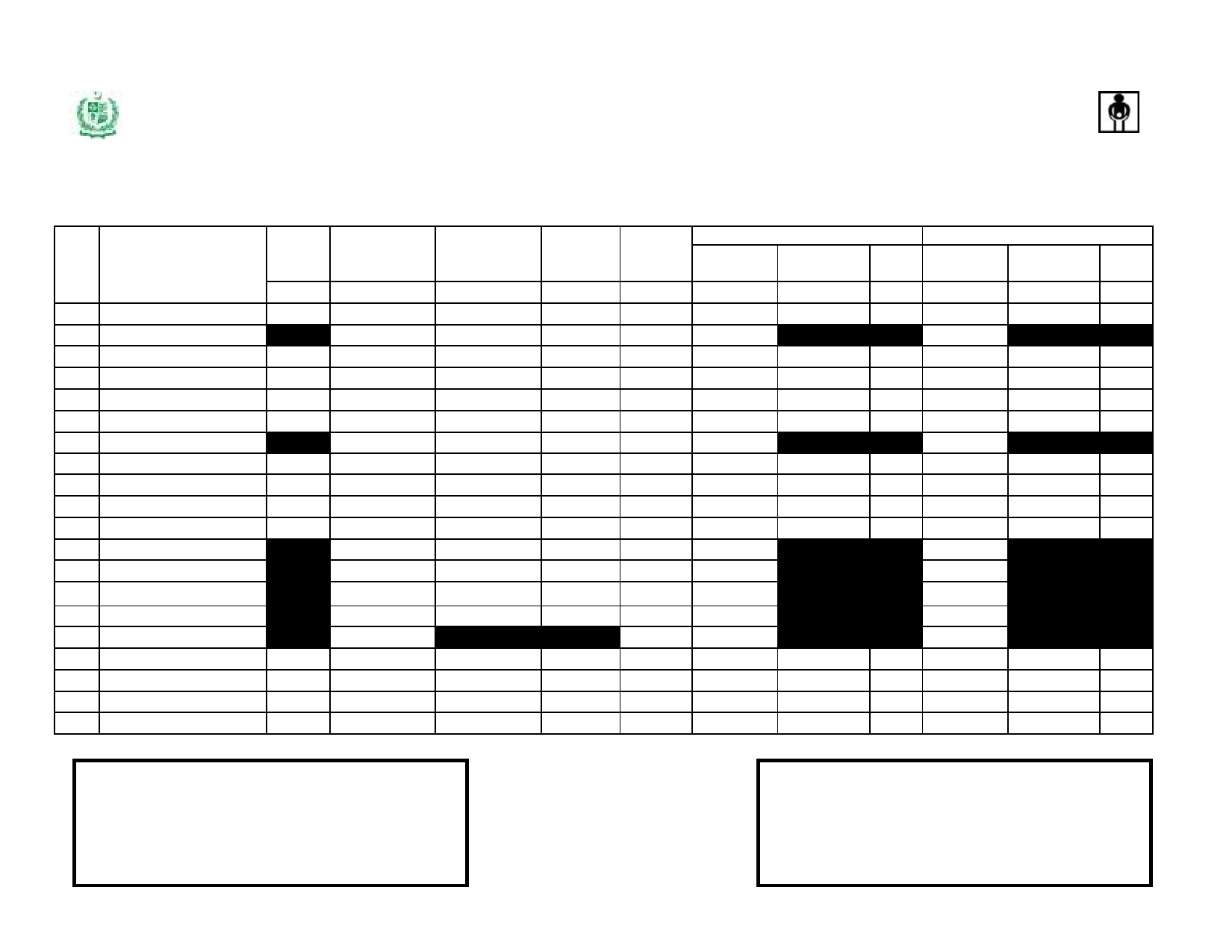
Form-A-I (EPI)



***Expanded Program on Immunization, Government of Pakistan***

**Stock Issue & Receipt Voucher**

(To be filled by Federal/Provincial/District Warehouses)

**Routine Immunization**

**Supply from (Federal/Provincial):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Issued To (Province/District):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Products**

**Doses**

**per vial**

**Manufacturer**

**Batch #**

**Expiry**

**Date**

**Unit Cost**

**($)**

**Issue Quantity**

**Total Doses**

**VVM**

**Receive Quantity**

**Total Doses**

**VVM**

**S.No**

123

4

567

89

10 11 12 13

14 15

16 17 18 19 20

**BC G**

**DIL BCG**

**tOPV**

**Pentavalent**

**Pneumococcal (PCV10)**

**Measles**

**DIL Measles**

**TT TT**

**HBV (Birth dose)**

**IP V**

**AD Syringes 0.5 ml**

**AD Syringes 0.05 ml**

**Recon. Syringes (2 ml)**

**Recon. Syringes (5 ml)**

**Safety Boxes**

**A**

20

20 01 02 10

10 20

10 10

**B**

**C**

**(MM/YY)**

**D**

**E**

**Vials/ Nos.**

**F**

**( G = A x F)**

**G**

**Stage**

**H**

**Vials/ Nos.**

**I**

**(J = A x I)**

**J**

**Stage**

**K**

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

**Issued by** - **Received by** -

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

Warehouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Warehouse/store Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

re re

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