RECOVERING FORM

Facility Name: …… **Facility Code: ……**

Type of Facility: ……. **Name of District: ……**

Name of Supplier: …… **Invoice No: ……..…….**

Date of Receiving: ……/..……/20…..

S/No	Item Description	Unit Of Measure	Quantity	Expired date	Batch number	Remark

Name of Store in charge: …… **Signature: …….**

Name of Facility in charge: ……..… **Signature: …….**