FOMU 3A-1: TAARIFA NA MAOMBI YA VIFAA MUHIMU VYA TIBA

STANDARD MEDICAL EQUIPMENT – (HOSPITAL)

Namba ya Kituo: _____ Jina la Kituo: _____ Namba ya R&R: _____

Jina la Wilaya: _____ Tarehe ya Kuwasilisha: _____ Kundi:(A/B/C): _____

Kipindi cha Taarifa ya matumizi : Kipindi cha kwanza [July-December] / Kipindi cha Pili: [January – June] Mwaka:20--------/---------

VIFAA TIBA			TAARIFA						MAOMBI NA GHARAMA			
Namba ya CMS (CMS code)	Maelezo ya Mali (Item)	Kipimo cha Ugavi (Unit of issue) (U)	Kiasi cha Kuanzia (Opening Balance) (A)	Kiasi kilichopokelewa (Quantites received this period) (B)	Upotevu/ Marekebisho Lost/Adjusted (+ or -) (C)	Kiasi kilichobaki (Ending Balance) (D)	Makadirio ya juu (Maximum Requirement) (E)	Kiasi kinachohitajika (Quantity needed) [E –D] (F)	Bei (Unit Price) (H)	Gharama (Cost) [GxH] (I)	kilicho-idhinishwa na Mfamasia wa wilaya (Quantites Aproved) (J)	Gharama ya kiasi kilicho-idhinishwa (Cost of Quantites Aproved [HxJ] (K)
ES50020	BP machine, adult	EACH					115					
	BP machine, child	EACH					50					
	Examination couch	EACH					15					
	Glucomenometer	EACH					41					
RC80004	Trolley, Dressing	EACH					46					

Imejazwa na:_____ (Mkuu wa kituo)	Tarehe:_____ Saini :_____
Imepitiwa na :_____ (DP)	Tarehe:_____ Saini :_____