

# Vaccine and Logistic Issue Voucher

Issuer Copy

Supply Voucher No.:

Date of Issue :

Reference Indent No

Date of Indent Received :

To:

	Item	Amount Released	Batch No.	Expiry Date	VVM Status	Freezing Status	Remarks
1	BCG (doses)						
2	bOPV (doses)						
3	DPT (doses)						
4	Hep B (doses)						
5	Pentavalent(doses)						
6	IPV (doses)						
7	Measles (doses)						
8	JE (doses)						
9	TT (doses)						
10	RVV (doses)						
11	BCG Diluent						
12	JE Diluent						
13	Measles Diluent						
14	0.1ml AD Syringes (Pcs)						
15	0.5 ml AD Syringes (Pcs)						
16	5 ml Disp. Syringes (Pcs)						
17	VitA Syrup						
Received above vaccines and logistics in quantity mentioned and in good condition.							

Signature of Store in Charge:  
Name:  
Designation:

Receiver's Copy (To be retained by the receiver)

Supply Voucher No.:

Date of Issue :

Reference Indent No

Date of Indent Received :

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17	VitA Syrup						
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Signature of Store in Charge:  
Name:  
Designation:

Signature of Receiver:  
Name:  
Designation:

Acknowledgement Copy (To be returned to the issuer duly signed by receiver)

Supply Voucher No.:

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Reference Indent No

Date of Indent Received :

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Designation:

Signature of Receiver:  
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Designation: