|  |
| --- |
| **RECEIPT REPORT** |
| We, the undersigned* …………………………………………………………………………………………………….
* …………………………………………………………………………………………………….
* …………………………………………………………………………………………………….
* …………………………………………………………………………………………………….
* …………………………………………………………………………………………………….

Members of the Drug Reception Committee of ……………………………………………………………………….have taken delivery of the articles described below, as per order form N°…………………………….. of ……………………………..………… |
|  |
| **N°** | **Designation** | **Packaging** | **Quantity** | **Batch N°** | **Expiry date** | **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Remarks: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Signatures and names of the members of the Drug Reception Committee. |

**Hospital name: ………….……………..**

**Date: …………………….**