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| **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** |
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| Remarks: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Signatures and names of the members of the Drug Reception Committee. | | | | | | |

**Hospital name: ………….……………..**

**Date: …………………….**