MINISTRY OF HEALTH BIN CARD

T.F.N. 811

Hospital :		Item Code :
Name of Item :		Year :
Unit of Issue :	Strength:	Dosage Form :
Maximum Stock Level :		Minimum Stock Level :
Average Monthly Consumption :		Minimum Stock Level :
, the tage monthly consumption is minimum.		Re-Order Level :
Ledger Folio :		

Date				Quantity				
	Receipt / Issue Voucher	Receipt From / Issued To	Expiry Date	Received	Issued	Adjustment	Balance	Signature
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				Quantity				
Date	Receipt / Issue Voucher	Receipt From / Issued To	Expiry Date	Received	Issued	Adjustment	Balance	Signature
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