

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Stock Control Card

Card no. _____

Item Description (in full): _____ Unit of Issue: _____

Expiry Date: _____

Date	Reference Number (S-11, Delivery Note)	Receipts	Issues	Balances	Name of Issuing/Receiving Officer
Balance Brought Forward and Card No.					
	Balance Carried Forward				

Date	Reference Number (S-11, Delivery Note)	Receipts	Issues	Balances	Name of Issuing/Receiving Officer
	Balance Brought Forward				
	Balance Carried Forward				