



REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH
DIRECTORATE OF PHARMACEUTICALS AND MEDICAL SUPPLIES
CENTRAL MEDICAL SUPPLIES, JUBA

WAYBILL

Destination (Consignee): Nyirool County Health Department
 State: Eastern Bieit

CAPPA Waybill No: 001
 Date prepared: 27/05/2016

County: Nyirool
 Contact Person: Commissioner

S/No.	Description of Items	Quantity (Cartons)	Weight (Kg)	Volume (m ³)	Quantity Received (Cartons)	Discrepancy/Remarks
1	01 PHCC High kit: Box 1 of 5 - 5 of 5	5	102	0.18		
2	01 PHCC High kit: Box 1 of 12 - 12 of 12	12	250	0.66		
3	01 PHCC High kit: Box 1 of 14 - 14 of 14	14	275	0.45		
4	01 PHCC High kit: Box 1 of 1 (RDT)	1	15	0.04		
5	01 PHCC High kit: Box 1 of 36 - 36 of 36	36	365	1.49		
6	01 PHCC High kit: Dextrose 5% 500ml x 24 bottles	60	780	2.40		
12	09 PHCU kit Box 1 of 1	9	54	0.36		
13	09 PHCU kit Box 1 of 3 to 3 of 3	27	336	1.62		
14	09 PHCU kit Box 1 of 1 : Oral Rehydration Salt (ORS)	9	138	2.43		
15	09 PHCU kit Box 1 of 1 (RDT): (9x600 kits)=5,400 kits	3	24	0.18		
TOTALS		176	2,339	9.81		

Declaration: I declared that this waybill shows the actual No. of Cartons, Weight and Volume Declared above

Issuing Officer: *Oyat Innocent Alex* Signature: _____ Date: 27 05 2016
 Storekeeper CMS/MOH/RSS

Confirmed By: *George Odera Okullo* Signature: _____ Date: 27/05/2016
 Controller of CMS/MOH/RSS

Approved By: *Dr. Boriel Ohiso* Signature: _____ Date: 27 05 2016
 Executive Director CMS/MOH/RSS

RECEIPT BY CONSIGNEE:

Company/Agency: *Christain Mission Aid (CMA)*
 Vehicle/Aircraft No: _____
 Driver/Pilot's Name: _____
 Telephone No: _____
 Signatures: _____ Date: _____

Received by: _____ Title: _____
 Comments: _____
 Telephone No: _____ Signature: _____ Date: _____
 Email Address: _____

(Affix Official Stamp)