United Republic of Tanzania



Ministry of Health, Community Development, Gender, Elderly and Children

Reporting period: Month [][] Year 20[][]

Monthly Specialised Food Product Report and Request Form

 Region______
 District______
 Facility name_____
 Code ______

MSD product code	Product	Unit	Total no. of clients receiving specialised food products during the month	Balance at beginning of month	g products		Total in store this month (A+B) Amour dispens this mor		nsed	Loss/ wastage *	Total dispensed + losses (D+E)	Ending balance (closing stock) (C-F)	Maximum stock quantity (D x 2)	Client needs for the site (D x 3)	Quantity requested (I-G) Max: 2 Min: 1
				А	From MSD	From other sites	с	To clients	To other sites	E .	F	G	н	I	L
					В			D							
	F-75	102.5 g packet													
	F-100	114.0 g packet													
	RUTF	92.0 g packet													
	FBF	4.5 kg bag													
	RUSF	92.0 g packet													
Remarks															
*Provide	informat	ion on fo	ood losses (o	damaged, m	nissing, t	heft, roo	dents or e	(pired	•						
Prepared by (name)						Signature						_ Date	Telephone		
Submitted by (name)						Signature						Date	Telephone		