Form 3, S800(m) , CMTA

**ANNEX C**

**DISTRIBUTION REPORT**

***(As of***  *\_\_\_\_\_\_\_\_\_\_\_\_)*

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License No. and Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bill of Lading / Airway Bill No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Goods** | **Purpose** | **Beneficiary/ies** | **Target Area/s** | **Status of Distribution** | **Balance**  **(weight, pieces, packs,boxes, etc.)** |
|  |  |  |  |  |  |

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature of Head of Organization/ Date)

Certified Correct by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature of Field Office Director

or his or her representative/Region/ Date)

**\*This form must be notarized**