

PLAN OF DISTRIBUTION

Name of organization: _____

Address: _____

License No. and Expiration Date: _____

Bill of Lading / Airway Bill No: _____ Date of Arrival: _____

Description of Goods	Purpose	Intended Beneficiary/ies (include name, if the goods attend to a certain beneficiary's special need)	Target Area/s	Target Date of Distribution

Prepared by: _____
(Name and Signature of Head of Organization/ Date)Approved by: _____
(Name and Signature of Field Office Director
or his or her representative/Region/ Date)