

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**