

Form 6, Foreign Donations under Section 800(m) of the CMTA
ANNEX F

INSPECTION REPORT

Name of Organization: _____

Office Address: _____

Warehouse Address: _____

License No. and Expiration Date: _____

Bill of Lading / Airway Bill No: _____

Date/Time of Release: _____ **Date/Time of Receipt:** _____

Total amount paid by SWDA (including VAT, arrastre, wharfage etc.): _____

Description of Goods:

<i>Unit</i>	<i>Description</i>	<i>Quantity</i>

Findings / Observations (May use separate sheet if necessary) :

Findings / Observations (continued)

(On another sheet is a photo documentation of the inspection visit)

Prepared by:

(Name and Signature of DSWD Technical Staff)

(Designation)

Noted by:

(Name and Signature of Division Chief/ Officer-in-Charge)

(Designation)

(Date)