

Annex C: Daily Logistic Supply and Return Form

District: _____ Health facility: _____

Name of site: _____ Type of site: _____

Vaccination date: _____

	Cholera Vaccine Vials	Cold Box	Vaccine carrier	Waste Bag	Sharps container	Forceps	Marker	Pen	Table	Chair	Banner
No. Supply received											
No. Used											
No. Returned											

Signature of vaccinator: _____