



Cooperating Partner Distribution Report

Report Number: __

Report Date: _____

Cooperating partner details

Cooperating Partner	Location	Project Number	Activity	Distribution Site			
Reporting Period From _____ To _____		LOU Number	Actual Number of Beneficiaries				
			Girls below 18	Boys below 18	Women	Men	Total

Stock movements/stock details

Commodity	S.I. Number	Opening Stock		Receipts		Distributed		Food Returns		Losses		Closing Balance		Loss reasons
		Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	

Comments:

Certification

Issued by:		Received by:	
Title:		Title: Head of Sub-Office	
Signature:		Date	Signature:

Annex 1