Number of pages: Prepared by: Date:				
Date:		Approved by: Date: Designation		
3. 4.	Inadequate or wrong docur supplied with the goods Missing items	nentation		
1. 2. 3.	Transporter representative Supplier Head of pharmacy departm	ent		
	discrepancy is identified Call the supplier to verify a	ccuracy of		
2. 3.	way bill and driver counters Endorse discrepancy and re- packing list and invoice and Pharmacy countersigns Details of discrepancy recor- receiving register	igns solution on the Head of		
1. 2.	within the claimable period invoice or way bill	stated on the		
	$ \begin{bmatrix} 1. \\ 2. \\ 3. \\ 4. \\ 5. \\ 1. \\ 2. \\ 1. \\ 2. \\ 3. \\ 4. \\ 1. \\ 1. \\ 1. \\ 2. \\ 3. \\ 4. \\ 1. \\ 1. \\ 1. \\ 3. \\ 4. \\ 1. \\ 3. \\ 4. \\ 1. \\ 3. \\ 4. \\ 1. \\ 3. \\ 4. \\ 1. \\ 3. \\ 4. \\ 1. \\ 3. \\ 4. \\ 1. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 4. \\ 3. \\ 3. \\ 4. \\ 3. \\ 3. \\ 4. \\ 3. \\ 3. \\ 4. \\ 3. \\ 3. \\ 4. \\ 3. \\ 3. \\ 4. \\ 3. \\ 3. \\ 3. \\ 3. \\ 3. \\ 3. \\ 4. \\ 3. \\ $	1. Quality problem 2. Oversupply or under supply 3. Inadequate or wrong docur supplied with the goods 4. Missing items 5. Items not ordered are rece 1. Transporter representative 2. Supplier 3. Head of pharmacy departm 1. Fully investigate immediate discrepancy is identified 2. Call the supplier to verify a documents and goods supp 1. Endorse discrepancy and resure way bill and driver counters 2. Endorse discrepancy and resure yacking list and invoice and Pharmacy countersigns 3. Details of discrepancy recompacting register 4. Complete complaints form 1. Claim replacement stock from within the claimable period invoice or way bill 2. Request for credit note for		

Review Date:			
Date Reviewed:			
Signature:			

