

Tracking materials sent and received

Sample forms for tracking materials distributed and received

ITEMS DISTRIBUTED	Distribution No.: _____ <i>[Number Consecutively]</i>
	Date: _____
List of Items Distributed: _____	
Number of item(s) distributed: _____ Location where item(s) were distributed: _____	
Item(s) Distributed To Households	
Number of people in household: _____	
Age and sex of people in household: <i>[Divide by appropriate intervals, say 5- or 10-year intervals]</i>	
10 years or under	Females: _____ Males: _____
11-20 years	Females: _____ Males: _____
21-30 years	Females: _____ Males: _____
31-40 years	Females: _____ Males: _____
41-50 years	Females: _____ Males: _____
51-60 years	Females: _____ Males: _____
61-70 years	Females: _____ Males: _____
71 years or older	Females: _____ Males: _____
Item(s) Distributed To Individuals	
Age and sex of individual person: <i>[Divide by appropriate intervals, say 5- or 10-year intervals]</i>	
10 years or under	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
11-20 years	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
21-30 years	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
31-40 years	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
41-50 years	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
51-60 years	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
61-70 years	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
71 years or older	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Other Assistance Provided	
Installation <input type="checkbox"/>	Training <input type="checkbox"/> Counseling <input type="checkbox"/> Referral <input type="checkbox"/>

ITEMS RECEIVED

Receipt No.: _____
[Number Consecutively]

Date: _____

List of Items Received: _____

Number of item(s) received: _____ Location where item(s) were received: _____

Item(s) Received From Households

Number of people in household: _____

Age and sex of people in household: [Divide by appropriate intervals, say 5- or 10-year intervals]

10 years or under	Females: _____	Males: _____
11–20 years	Females: _____	Males: _____
21–30 years	Females: _____	Males: _____
31–40 years	Females: _____	Males: _____
41–50 years	Females: _____	Males: _____
51–60 years	Females: _____	Males: _____
61–70 years	Females: _____	Males: _____
71 years or older	Females: _____	Males: _____

Item(s) Received From Individuals

Age and sex of individual person: [Divide by appropriate intervals, say 5- or 10-year intervals]

10 years or under	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
11–20 years	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
21–30 years	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
31–40 years	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
41–50 years	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
51–60 years	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
61–70 years	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
71 years or older	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>

Other Assistance Provided

Counseling Referral Training