

Multi-User Electric Breast Pump Receiving and Distribution Log

To be maintained at administrative site or breast pump delivery site at all times

Local Agency # _____ Site # _____ Page # _____

Breast Pump Serial #	Date Received*	Date Reconciled in BOS **	Date Distributed	Distribute to Site # <i>(include admin. site)</i>	Staff Signature

* Document shipments received from state agency on the date the pumps/flanges are received at your local agency administrative site or breast pump delivery site

** Complete the breast pump reconciliation in BOS upon delivery of each shipment and submit to the State Agency within 3 business days of receiving inventory.



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