Single-User Electric Pump Receiving and Distribution Log

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

Local Agency # _____ Site # _____ Page # _____

Date Received	Type of Pump	# of Pumps Received*	Date Reconciled in BOS **	Date Distributed	# of Pumps Distributed	Distribute to Site # *(include admin. site)*	Running Balance	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.*

TEXAS Department of State Health Services

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