



RS MATA
UNDAAN

FORM PERMINTAAN BARANG

NO DOK :

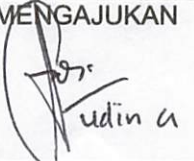
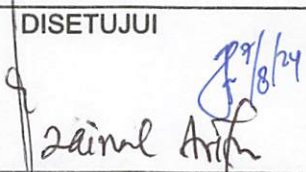

TANGGAL : 12-8-2024

UNIT : RM

NO	NAMA BARANG	QUANTITY
1	MON ODC	62 RIM
2	Pengantar apotek	10 RIM

Catatan :

1. Gudang
2. Pengadaan
3. Unit Terkait

<p>YANG MENGAJUKAN</p>  <p>Udin a.</p>	<p>DISETUJUI</p> <p>29/8/24</p>  <p>Zaimul Arifin</p>	<p>STAF GUDANG</p> 
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