



Agency Name _____ Acct. _____ Phone No. _____

Month _____ Year _____

New Ind. _____ New HHD's _____ Returning Ind. _____ Returning HHD's _____

HHD 1 _____ HHD 2-4 _____ HHD 5-7 _____ HHD 8-10 _____ HHD 11+ _____ Standard Package _____

	Product Number	Product Description	Beginning Inventory	Product Received	Total	Product Distributed	Damaged	Ending Inventory
1	U							
2	U							
3	U							
4	U							
5	U							
6	U							
7	U							
8	U							
9	U							
10	U							
11	U							
12	U							
13	U							
14	U							
15	U							
16	U							
17	U							
18	U							
19	U							
20	U							
21	U							
22	U							
23	U							
24	U							
25	U							
26	U							
27	U							
28	U							
29	U							
30	U							

Print Name: _____

Signature: _____ Date: _____

By signing this report, I acknowledge and affirm that I have done a **physical inventory** and that the ending inventory indicated is the **actual amount of inventory on hand** on the last day of the month. I further understand that discrepancies may have to be replaced with like items and a receipt may be required. This report is due on the first (1st) day of the month.