

Clinic Inventory Log

Clinic: _____

CHECK IN BOX					CHECK OUT BOX		
Date	Checked In From:	Card Series Beginning Number	Card Series Ending Number	Staff Initials	Date	Checked Out To:	Staff Initials

Reconciled by and date: _____	Verified by and date: _____
Reconciled by and date: _____	Verified by and date: _____
Reconciled by and date: _____	Verified by and date: _____
Reconciled by and date: _____	Verified by and date: _____
Reconciled by and date: _____	Verified by and date: _____