

WIC Food Instrument Inventory Form

Location _____

Date	Initials	Initials	Beginning Inventory (# of Reams)	Carton # received <small>[ex:184 of 1750]</small>	Number of Reams Received	Number of Reams Checked Out	To/From Which Clinic ? <small>[Indicate 'to' or 'from' then clinic name]</small>	Ending Inventory (# of Reams)	Date Verified/Initials

REMEMBER TO MARK THE INVENTORY IN NUMBER OF REAMS (Example) 1 BOX = 4 REAMS
ALWAYS VERIFY THE ACTUAL INVENTORY BEFORE SIGNING YOUR INITIALS!