**INVENTORY SUPPLY COVER SHEET**

**JUNE 30, 2017**

Agency Code:       Agency Name:

AGENCY:       Division:

**CHECK ONE:**

* Budget Type: [ ]  Expense [ ]  Capital
* Inventory System: [ ]  Periodic (Physical) [ ]  Perpetual

Valuation Method Used:

Total for Agency (Dollar Value):       (Total Amount from Detailed Report)

Date(s) Physical Inventory was taken:

Prepared By:       Attested By:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:       Title:

Phone No.:       Phone No.:

E-mail address:      E-mail address:

Date:       Date: