INVENTORY SUPPLY COVER SHEET
JUNE 30, 2020

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:

By signing this form, you attest that all information is accurate and complete to the best of your knowledge, and you are the authorized individual for your agency to approve this document for submission with respect to the year-end close for fiscal year 2020