**MEDICAL SUPPLIES INVENTORY REPORT**

Month of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Particulars** | **Beginning inventory** | **Consumed Items** | **Expired Items** | **Expiration Date** | **Ending Inventory** |
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| *Signature Over Printed Name*  *School Nurse*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name*  *Vice President, Administration* |