**INVENTORY CUSTODIAN SLIP**

Entity Name: **ZAMBOANGA CITY MEDICAL CENTER**

ICS No: ${ics}

Fund Cluster: ${fundCluster}

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quantity | Unit | **Amount** | | Description | | Inventory Item No. | Estimated Useful Life |
| Unit Cost | Total Cost |
| ${qty} | ${unit} |  |  | ${description} | | ${newProperty} | ${expiration} |
|  |  |  |  |  | |  |  |
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|  |  |  | Note: |  | |  |  |
| ***Received from:***  **JOHN MARY C. STA.TERESA**  Signature over Printed Name  OIC - MMS  Position/Office  Date | | | | | ***Received by:***  **${person\_name}**  Signature over Printed Name  Nursing Attendant II  Position/Office  Date | | |

*(Adopted from Government Accounting Manual: Appendix 71)*