

INVENTORY CUSTODIAN SLIP

Grade/Section: _____

ICS No: _____

Date: _____

[illegible]

INVENTORY CUSTODIAN SLIP

Name of Person:

Date: _____
ICS No : _____

Quantity	Unit	Amount		Description	Inventory Item No.	Estimated Useful Life
		Unit Cost	Total Cost			
Received from:				Received by:		
<div>Signature Over Printed Name</div>				<div>Signature Over Printed Name</div>		
<div>Position/Office</div>				<div>Position/Office</div>		
<div>Date</div>				<div>Date</div>		