INVENTORY CUSTODIAN SLIP

Entity Name:					ICS No :		
Quantity	Unit	Amount Unit Total Control		Description	Inventory	Estimated	
		Cost	Total Cost	Description	Item No.	Useful Life	
Received	from:			Received by:			
Received from.							
_	Sie	onature Ox	ver Printed Nan	ne Sign	Signature Over Printed Name		
_							
	Position/Office				Position/Office		
_	Date				Date		