

WIC Card Inventory Log

Agency: _____

Clinic: _____

Year: _____

Month	# Boxes On Hand include open boxes	# Boxes Received this month	# Boxes Used or Sent to other clinic	Monthly Total open and unopened boxes	END OF MONTH INVENTORY			Staff Initials Two required for monthly inventory	Notes
					# Unopened Boxes in Inventory	# Opened Boxes in Inventory	Monthly Inventory Total (should match Monthly Total)		
January		+	-	=		+	=	1. 2.	
February		+	-	=		+	=	1. 2.	
March		+	-	=		+	=	1. 2.	
QUARTER REVIEW	# of boxes received matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes used matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Totals match Monthly Inventory Totals: <input type="checkbox"/> Yes <input type="checkbox"/> No			Coordinator	
April		+	-	=		+	=	1. 2.	
May		+	-	=		+	=	1. 2.	
June		+	-	=		+	=	1. 2.	
QUARTER REVIEW	# of boxes received matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes used matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Totals match Monthly Inventory Totals: <input type="checkbox"/> Yes <input type="checkbox"/> No			Coordinator	

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July		+	-	=		+	=	1. 2.	
August		+	-	=		+	=	1. 2.	
September		+	-	=		+	=	1. 2.	
QUARTER REVIEW	# of boxes received matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes used matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Totals match Monthly Inventory Totals: <input type="checkbox"/> Yes <input type="checkbox"/> No			Coordinator	
October		+	-	=		+	=	1. 2.	
November		+	-	=		+	=	1. 2.	
December		+	-	=		+	=	1. 2.	
QUARTER REVIEW	# of boxes received matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes used matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Totals match Monthly Inventory Totals: <input type="checkbox"/> Yes <input type="checkbox"/> No			Coordinator	



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To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

