INDIVIDUAL INVENTORY RECORD

Name of Individual: ____________________ Name of Provider: ____________________________ Year: _________________

Purchase Date	Description of Item (Include brand, color, size, serial number)	Quantity	Number Deleted	Reason for Deletion	Inventory Balance	Signature of Staff

Reviewer's Signature ____________________ Date ____________________ Received By: ____________________

Note: 1. Single items with price = or > $50 are entered in the inventory record at the time of aquisition (O.A.C. 5123:2-3-12(C)(4))

2. Items **should not** be discarded, **without** the consent of the Individual or guardian.

3 Inventory record must be updated annually (OAC 5123:2-3-12(C)(3)

4. Use a new sheet every year to carry over the purchase date of items, the description of items and the inventory balances.

5. For final disposition, inventory **MUST** be signed by receiver.