

Inventory of EBT Cards/PIN Packets

Inventory of (check one): <input type="checkbox"/> EBT CARDS <input type="checkbox"/> PIN PACKETS	Region No.	Unit No.	Mail Code	Date	Month of Report
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I. Number of EBT Cards/PIN Packets on hand at the beginning of the month:

Serial No. _____ through _____

II. Number of EBT Cards/PIN Packets received during the month from vendor:.....

Serial No. _____ through _____

III. Number of EBT Cards/PIN Packets used during the month:

Serial No. _____ through _____

IV. Number of EBT Cards/PIN Packets on hand at the end of the month:.....

Serial No. _____ through _____

I verify that a physical inventory of these items was completed and that the information on this form is accurate.

Signature - Responsible Staff

Date Received:		
Name of Responsible Staff (please type or print)	Title	Office Location (city)