SCHOOL DISTRICT OF OKALOOSA COUNTY
FINANCE DEPARTMENT

SCHOOL STORE AND SUPPLIES FOR RESALE INVENTORY FORM

MIS 6118
10/22

SCHOOL: _____ **FISCAL YEAR:** _____

NAME OF SCHOOL ORGANIZATION: _____

ITEM DESCRIPTION	NO. OF ITEMS CARRIED FORWARD	DATE NEW ITEMS PURCHASED	NO. OF NEW ITEMS PURCHASED	TOTAL NO. OF ITEMS AVAILABLE FOR SALE	DATES OF SALE	NO. OF ITEMS SOLD	NO. OF ITEMS REMAINING

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT INVENTORY OF THE SCHOOL STORE OR SUPPLIES ON HAND FOR RESALE.

SIGNATURE OF PERSON SUBMITTING REPORT: _____ **DATE:** _____

A COPY OF THIS REPORT IS TO BE SUBMITTED TO BOOKKEEPER AT END OF FISCAL YEAR.