INVENTORY CONTROL FORM

Northern Adirondack CSD

Club Name: _____

Fundraising Event: _____

Item Description: _____

Total Number of Items Purchased for Resale: _____

LESS: Total Number of Items Sold _____

Total Number of Items Remaining in Inventory: _____

LESS: Total Items Unaccounted For _____

Inventory on Hand: _____

Inventory Tracking Sheet:

Student Name	Date	# of Items Taken	Date	# of Items Returned