ENDING INVENTORY FORM

(Must be completed at close of Camp. NO LATER!)

PRINT Camp Name _____ CUST # _____

Address _____

Person Completing Form _____ Date Camp Closed for Season _____

ENDING INVENTORY

Commodity Name	Pack Date	Full Cases	Partial Cases

Use reverse side if more room is necessary Signature _____ Date _____

TRANSFERRED REMAINING INVENTORY TO: (Must be approved by Surplus Distribution)

_____ _____

NAME OF FACILITY

SURPLUS DISTRIBUTION REPRESENTATIVE WHO APPROVED FACILITY & DATE CONTACTED

Date transferred ending inventory _____

_____ _____

Signature of person RECEIVING commodities

Signature of person DELIVERING commodities
(Representative of Camp)

Federal Regulations require end of season inventory be submitted to this agency.

INVENTORY CANNOT BE HELD OVER! If you have not depleted your inventory at the close of camp, you must transfer the remainder to an eligible recipient agency. Either way, this form must be completed, SIGNED and returned to:

Surplus Distribution Section, 12 Hills Avenue, Concord NH 03301