Department Of Health And Human Services
Inventory Count Sheet (Detail)
For State Fiscal Year Ended June 30, 2011

Type Inventory _____ **Company** _____
Type Inventory Account Number _____

Instructions: Use a separate sheet to list each type of inventory.(Example Account 116190 is for all Office Materia and Supplies Inventories not listed under other accounts.) See Inventory Summary Sheet for Account Numbers. Provide a description of each item and the quantity of each. List the unit price. Multiply the quantity by the unit p and post the total cost for each line in the Total Value Column. Total the page.

Description	Quantity	Unit Price	Total Value
		Subtotal This Page	

Section/Branch: _____
Inventoried By: _____ Date_____
Approved By: _____ Date_____
Telephone No: _____
Location: _____

Page ___ of ___

I certify, to the best of my knowledge, that all information submitted for inclusion in the Year End Comprehensive Annual Financial Report is accurate.

Signature _____ Date _____

*** Return this form and **supporting documentation** to the DHHS Controller's Office by July 15, 2011 ***