































## WIC Card Inventory Log

Agency:

Clinic:

Year:

Month	# Boxes On Hand include open boxes	# Boxes Received this month	# Boxes Used or Sent to other clinic	Monthly Total open and unopened boxes	END OF MONTH INVENTORY			Staff Initials  Two required for monthly inventory	Notes
					# Unopened Boxes in Inventory	# Opened Boxes in Inventory	Monthly Inventory Total (should match Monthly Total)		
January								1.	
								2.	
February								1.	
								2.	
March								1.	
								2.	
QUARTER REVIEW	# of boxes <b>received</b> matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes <b>used</b> matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Totals match Monthly Inventory Totals: <input type="checkbox"/> Yes <input type="checkbox"/> No			Coordinator	
April								1.	
								2.	
May								1.	
								2.	
June								1.	
								2.	
QUARTER REVIEW	# of boxes <b>received</b> matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes <b>used</b> matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Totals match Monthly Inventory Totals: <input type="checkbox"/> Yes <input type="checkbox"/> No			Coordinator	

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					# Unopened Boxes in Inventory	# Opened Boxes in Inventory	Monthly Inventory Total (should match Monthly Total)		
July								1.	
								2.	
August								1.	
								2.	
September								1.	
								2.	
<b>QUARTER REVIEW</b>	# of boxes <b>received</b> matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes <b>used</b> matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Monthly Totals match Monthly Inventory Totals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Coordinator</b>	
October								1.	
								2.	
November								1.	
								2.	
December								1.	
								2.	
<b>QUARTER REVIEW</b>	# of boxes <b>received</b> matches Packing Slips: <input type="checkbox"/> Yes <input type="checkbox"/> No		Boxes <b>used</b> matches Daily Check-out & Inventory Logs: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Monthly Totals match Monthly Inventory Totals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Coordinator</b>	

**This institution is an equal opportunity provider.**

Washington State WIC Nutrition Program doesn't discriminate.

For persons with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).