SFSP Inventory Form

Name of site/sponsor: ____

Inventory period:______________**to**_______________ **Beginning inventory: $** __________________________

Food/Non-food item	**Quantity of items**	**Unit cost**	**Total cost**	**Source** (if donated, see Donation Record form)

SFSP Donation Record Form

Date of donation	Food/Non-food item	Quantity of items	Name of donor