

INVENTORY OF ON-SITE TESTING DEVICES FOR PROBATION

FOR MONTH ENDING: _____

Vendor: _____

Site Location: _____

Telephone Number: _____

	6-PANELS	ECSTASY SINGLES
Devices on hand at beginning of month:		
Devices received during month:		
Devices used during month:		
Devices on hand at end of month:		

Sweat Patch Inventory (Due quarterly: March, June, Sept., Dec.)

Patches on hand at beginning of quarter:	
Patches received during quarter:	
Patches used during quarter:	
Patches on had at end of quarter:	

VENDORS: Please FAX your inventory sheet before the 10th of the month to:

Jennifer Smith, Substance Abuse Coordinator
Voice No. (562) 980-3412
Fax No. (562) 980-3421

Vendor Signature: _____

Date: _____