INVENTORY CONTROL FORM
Please attach a packing slip, receipt, or invoice.

EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

STARRS
St. Louis Area
Regional
Response
System

Name/Department	
Program/Discipline	

OFFICE USE ONLY			
Grant Type/ Budget Year		Purchase Order Number(s)	
Line Number		Vendor Name	

ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) Received--Describe all items that were received (include all accessories and parts). Use Inventory Control Continuation Form for additional items.
1					
2					

ITEM NUMBER	SECTION B: Discrepancy--Describe all problems with the shipment (damaged or missing items, portion of the shipment still on back order, etc.). Use Inventory Control Continuation Form for additional items.

SECTION C: Item(s) Location--Please provide the physical address where the items are stored.

AGENCY
ADDRESS WHERE ITEMS ARE HOUSED

SECTION D: Point of Contact--Please provide the contact information for the person responsible for the item(s).

CONTACT PERSON	PHONE
ADDRESS	

By signing below, I certify that I have received and inspected the item(s) listed above.

Signature	Date:

Received By: (Office Use Only)
Date: (Office Use Only)

INVENTORY CONTROL CONTINUATION FORM
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ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) Received--Describe all items that were received (include all accessories and parts). Use Inventory Control Continuation Form for additional items.
3					
4					
5					
6					
7					
8					
9					
10					

ITEM NUMBER	SECTION B: Discrepancy--Describe all problems with the shipment (damaged or missing items, portion of the shipment still on back order, etc.). Use Inventory Control Continuation Form for additional items.

By signing below, I certify that I have received and inspected the item(s) listed above.

Signature   Date:

Received By: (Office Use Only)
Date: (Office Use Only)