Appendix 59

INVENTORY CUSTODIAN SLIP

Entity Name: _____

Fund Cluster : _____ **ICS No :** _____

Quantity	Unit	Amount		Description	Inventory Item No.	Estimated Useful Life
		Unit Cost	Total Cost			

Received from:	Received by:
_____	_____
Signature Over Printed Name	Signature Over Printed Name
_____	_____
Position/Office	Position/Office
_____	_____
Date	Date