The Good Provider Foodbank of Southern California

PERPETUAL INVENTORY FOR THE MONTH OF: _____

Total families served: _____

Total populations served: _____

AGENCY: _____

Prepared By:_____ Phone:_____

1444 SAN FRANCISCO AVE
LONG BEACH, CA 90813
PHONE (562) 435-3577
FAX (562) 437-6168

****This report must be completed (no later than the 10th of each month) before you will be allowed to order for the next month**.

Last Month's Balance																	
Product Received Invoice No.																	
Sub-Total																	
Product out (sign in sheet totals) Date:																	
Balance																	
Product Received Invoice No.																	
Sub-Total																	
Product out (sign in sheet totals) Date:																	
Balance																	
Product Received Invoice No.																	
Sub-Total																	
Product out (sign in sheet totals) Date:																	
Balance																	
Product Received Invoice No.																	
Sub-Total																	
Product out (sign in sheet totals) Date:																	
Balance																	