

GREAT NECK UFSD
EXTRACLASSROOM ACTIVITIES - _____ SCHOOL
INVENTORY CONTROL FORM

Club Name: _____

Fundraising Event: _____

Total Number of Items Purchased for Resale: _____

LESS: Total Number of Items Sold: _____

Total Number of Items Remaining in Inventory: _____

LESS: Total Items Unaccounted For: _____

Inventory on Hand: _____

Place of Storage _____

Persons with Access _____

Inventory Tracking Sheet:

Student Name	Date	Number of Items taken	Date	Number of Items returned

Club Treasurer

Advisor

Date