Reset

DOUGHERTY COUNTY SCHOOL SYSTEM
Child Nutrition Services
Inventory Loss Form

SCHOOL: _____ **DATE:** _____

QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	UNIT COST	EXTENDED COST
				TOTAL	

Explain in detail the reason for the loss:

Site Supervisor Signature: _____ **Date:** _____

CNS-F012, Rev. A, 09-Apr-09