



EDUCATIONAL SUPPLIES INVENTORY REPORT FORM



Center: _____

Date: _____

Completed by: _____

Role in the Program: _____

Room: _____

A. Educational Materials

No.	Item Name/ Description	Beginning Quantity	Ending Quantity	Condition
1				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
2				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
3				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
4				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
5				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
6				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
7				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
8				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage

9				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
10				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
11				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
12				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
13				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
14				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
15				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
16				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
17				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
18				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
19				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
20				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage

B. Equipment

No.	Item Name/ Description	Beginning Quantity	Ending Quantity	Condition
1				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
2				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
3				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
4				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
5				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage

C. Books

No.	Item Name/ Description	Beginning Quantity	Ending Quantity	Condition
1				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
2				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
3				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
4				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
5				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage

D. Teacher Resource

No.	Item Name/ Description	Beginning Quantity	Ending Quantity	Condition
1				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
2				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
3				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
4				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage
5				<input type="radio"/> Good <input type="radio"/> Complete <input type="radio"/> Damage

Report Form: For submission, kindly follow instruction below when filling out your report.

- 1. Report is typed.**
- 2. Report is for each room that is equipped with distributed items.**
- 3. All latest supplies issued are included.**
- 4. Attached pictures of all reported damaged and/ or incomplete items.**
- 5. If applicable, additional page is added with continued number of each item and each section is attached.**

Reviewed by:	
Date	
Signature	