

# Grocery Inventory

Period	
From	To
dd/mm/yy	dd/mm/yy

Goods Number	Description of Item	Quantity		Total	Date		
		On Order	Extra		Ordered	Received	Due
1	Product			0			
2	Product			0			
3	Product			0			
4	Product			0			
5	Product			0			
6	Product			0			
7	Product			0			
8	Product			0			
9	Product			0			
10	Product			0			

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Date

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Signature

Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Website \_\_\_\_\_  
Account \_\_\_\_\_  
Sub Account \_\_\_\_\_

Sale \_\_\_\_\_  
Donation \_\_\_\_\_  
Scrap \_\_\_\_\_