

Monthly eWIC Card Inventory Log

Agency: _____ Clinic: _____ Year: _____

Month of Inventory	# Sleeves Ordered this Month	# Sleeves Received this Month	# Sleeves sent to Satellite Clinics	END OF MONTH COUNT		Totals	Staff Initials
				# Unopened Sleeves in Inventory	# Opened Sleeves in Inventory		
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							