ANNUAL DRUG INVENTORY REPORT										
			A THE DIT	OO IIWEIWIC	TOTAL OF	•				
DISTRICT/CLINIC:							INVENTORY DATE:			
<b>-</b>							Actual Quantity on	Documented Perpetual		
Drug Name	NDC Number	Strength	Dosage Form	Package size	Lot Number	Expiration Date	Hand	Inventory	<u>Variance</u>	
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5	Signature