

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DEA#: \_\_\_\_\_

## INITIAL INVENTORY

Date: \_\_\_\_\_

\_\_\_\_\_ Beginning of Business

Or

\_\_\_\_\_ Close of Business

Number of Bottles	Substance (Drug)	Strength	Count Per Bottle	Total

Name (Signature): \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Optional:

Witness Name (Signature): \_\_\_\_\_

Name (Printed): \_\_\_\_\_