

FANNIN COUNTY PURCHASING DEPARTMENT

FORM C

INVENTORY DISCREPANCY FORM

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

Inventory #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Inventory Description: \_\_\_\_\_

\_\_\_\_\_

Item Disposition: *Check One*

Stolen	
Missing	
Surplus	

Approximate date of disposition change: \_\_\_\_\_

Additional comments for change of disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Report filed:        YES        NO        Date: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_ Attached: \_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Elected Official/Dept. Head

\_\_\_\_\_  
Date

**For Purchasing Department Use Only:**

Date Received: _____	Action Taken: _____
Misc. Notes: _____	
_____	
_____ Purchasing Agent or Designee	_____ Date