INDEPENDENT
GAMBLING CONTROL
OFFICE

Master Bingo Paper Inventory Record

Licensee Name:	
Product Type/Identification (colour):	

Opening Inventory Balance				**Add: Purchases**			**Less: Inventory Transfer**		**Add: Inventory Transfer**		**Closing Inventory Balance**	**Signature (volunteer or staff member)**
Date:	Opening Inventory:	Series #:	Audit # Range:	BCLC Invoice:	Series #:	Audit # Range:	To Sales Floor:	Details - series #/audit #:	To Stock:	Details - series #/audit #:	Balance:	

Note: Maintain separate rows/sheets for each specific Product Series/Audit Range Units.

Verification signatures:

Volunteer #1:	
Volunteer #2:	

Note: The verification signatures should not include the same signatory as the individual on the above line items.