



Inventory and Sales Control

ROUTING
UAR, MSC 4570
uar@nmsu.edu
Phone 646-4911
Fax 646-7773

SECTION 1: REQUESTOR INFORMATION

Requestor Name: _____ Phone: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Name of Department/Activity: _____ Inventory Period: _____ Beginning date of Inventory (mm/dd/yyyy): _____ Ending date of Inventory (mm/dd/yyyy): _____

Name of Item	Beginning Inventory	+	Purchases (A)*	=	Total Number for Sale	-	Ending Inventory (B)*	=	Number Sold	x	Selling Price	=	Total Sales

*(A) The quantity of purchases should be verified to the actual back-up purchase documentation to ensure accuracy of inventory items available for sale.

*(B) The quantity of the ending inventory needs to be entered as a negative number for the computation to work correctly.

CRV #: _____ Deposit Amount: _____

 Total deposited for the period: _____

Total Sales for Period	_____
Total Deposited for Period	_____
Over/Short for Period	_____

SECTION 3: REQUESTOR APPROVAL

Printed Name of Staff Member Preparing Above Information: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Printed Name of Staff Member Verifying Above Information: _____ Signature: _____ Date: _____

Reset