Inventory Control Form
ARLINGTON CENTRAL SCHOOL DISTRICT

Name of School ____

Club Name: ____

Fundraising Event and Dates: ______________________________________

Total Number of Items Purchased for Resale: _________________

LESS: Total Number of Items Sold: - _________________

Total Number of Items Remaining in Inventory: = _________________

LESS: Total Items Unaccounted For: - _________________

Inventory on Hand: = _________________

Inventory Tracking Sheet: Student Name	Date	Number of Items Taken	Date	Number of Items Returned