APPENDIX 9-9

Republic of the Philippines

(Name of Office/Department)

Quezon City Hall, Diliman, Q.C.

ICS No: _____

For use of Property Unit

INVENTORY CUSTODIAN SLIP

QTY	Unit	Description	Inventory Item No.	Estimated Useful Life	UNIT COST	TOTAL COST
		Name of Supplier:				
		Address:				
		P.O. No. **dated**				
		Invoice No. **dated**				
		D.R. No **dated** _____				
		Project No.				
		Mode of Procurement:				
		Source of Fund:				
		Fund Code:				

Received by:	Received from:
Signature Over Printed Name	Signature Over Printed Name
Position / Office	Position / Office
_____	_____
Date	Date