



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Companion Home Client Inventory Record

					NAME			DATE
DATE	RECORDING SIGNATURE	PURCHASE PRICE (ITEMS \$25 AND OVER)	DESCRIPTION (COLOR, ETC.)	MODEL / SERIAL NUMBER	REASON FOR DISPOSAL	DATE DISPOSED	GUARDIAN NOTIFIED OF DISPOSAL*	DISPOSED BY: SIGNATURE
							<input type="checkbox"/> Yes	
							<input type="checkbox"/> Yes	
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							<input type="checkbox"/> Yes	
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							<input type="checkbox"/> Yes	

* For items with a purchase price of \$25 or more