Company Name: _____

Address: _____

City, State, Zip: _____

DEA#: _____

INITIAL INVENTORY

Date: _____

Only Choose One: Schedule I-II _____ **Schedule III-V**_____

_____**Beginning of Business**

Or

_____**Close of Business**

Number of Bottles	Substance (Drug)	Strength	Count Per Bottle	Total

Name (Signature): _____

Name (Printed): _____

Optional:
Witness Name (Signature): _____

Name (Printed): _____