Inst	ructions: Please fill out the top portion of this	form in regards to	your business.
Name:		Month of	
1.	Cost of beginning inventory:		\$
2.	Merchandise purchased during the month:		
	Description of Items	Costs	
		\$	_
		\$	_
		\$	_
		\$	
		\$	
		\$ \$	
		\$	
	Total merchandise purchased	\$	
3.	Cost of merchandise withdrawn For personal use:	\$	_
4.	Cost of ending inventory:		\$
	AGENCY USE	ONLY	
5.	Beginning inventory		\$
6.	Merchandise purchased	\$	_
7.	Less personal use merchandise	\$ <u>-</u>	_
8.	Business merchandise purchased		\$ <u>+</u>
9.	Beginning inventory and business purchases (Lines 5 + 8)		\$_=
10.	. Less ending inventory (Line 4)		\$ <u></u>
11.	Cost of goods sold		\$ <u> </u>