



MONTHLY EBT INVENTORY CONTROL LOG
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
 SFN 319 (7-2024)

Human Service Zone Office	Month	Page of
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DATE	BEGINNING CARD NUMBER	ENDING CARD NUMBER	TOTAL NEW CARDS	TOTAL REPLACED CARDS	TOTAL CARDS ISSUED	ISSUANCE WORKER INITIAL
Beginning Inventory	Total Cards Received	Total New Cards Issued	Total Replaced Cards Issued	Total Cards Issued	Total Ending Inventory	
Authorized HSZ Official Signature					Date	