MONTHLY EBT INVENTORY CONTROL LOG

ND DEPARTMENT OF HUMAN SERVICES/SNAP
ELECTRONIC BENEFITS TRANSFER
SFN 319 (5-2010)

Clear Fields

County Name			Month		Page of	
DATE	**BEGINNING CARD NUMBER**	**ENDING CARD NUMBER**	**TOTAL NEW CARDS**	**TOTAL REPLACED CARDS**	**TOTAL CARDS ISSUED**	**ISSUANCE WORKER INITIALS**

Beginning Inventory	Total Cards Received	Total New Cards Issued	Total Replaced Cards Issued	Total Cards Issued	Total Ending Inventory

Authorized County Official Signature	Date

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