



RECONCILIATION WITH INVENTORY RECORDS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE - QA
SFN 417 (9-2024)

HSZ/County Name	Date Reconciliation Performed
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A.	Ending inventory on SFN 319 for Month/Day/Year	
B.	Shipment received during current month	
C.	Total cards available for distribution during current month (sum of A and B)	
D.	Cards issued during current month	
E.	Adjusted cards inventory	
F.	Reviewer's physical inventory (bulk supply and working supply)	

REVIEWERS

State Official Signature
HSZ/County Official Signature

Attach copy of SFN 319 and SFN 321