|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | | | | | | | | | | |
| **Item SKU/ID #** | **Item Name** | | | **Expiration Date** | **Description** | **Quantity on Hand** | **Location**  **Basic Medical Supply Inventory Template** | **Reorder Point** | **Supplier / Vendor** | **Unit of Measure** | **Units per Package** | **Date of Last Order** | **Unit Price** | **Total Value** |
|  |  | | |  |  |  | (e.g., Storage Area) |  |  | (e.g., Box, Pack, Each) |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |
|  |  | | |  |  |  |  |  |  |  |  |  | $0.00 | $0.00 |

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