FORM #2066 (10/12)

PHOTOCOPY LOCALLY
AS NEEDED

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_____ CORRECTIONAL FACILITY

DAILY TOBACCO PRODUCT AND POSTAGE STAMP INVENTORY _____

(Convert cigarette cartons to pack counts) DATE OF SALES

1	2	3	4	5	6	7	8	9
Inventory Item	BEGINNING INVENTORY	[+] RECEIVED	[-] SALES	ENDING INVENTORY	PHYSICAL COUNT	DAY VARIANCE	NIGHT VARIANCE	VARIANCE EXPLANATION

_____

Commissary Supervisor signature

_____

Steward/HAC signature