XXXX Area POD Plan

**Inventory Sheet**

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| --- |
| **If individual items from the Push Package are issued to the State, indicate which items below.** |
| **Initial** | **Item Description** | **NDC/ Product Number** | **Lot Number** | **Qty** |
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**Provisionary CDC Strategic National Stockpile Authority**

(PRINT NAME AND TITLE)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Receiving Authority**

(PRINT NAME AND TITLE)

**If control Schedule II Substances are transferred:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Receiving DEA Registrant**

(PRINT NAME AND TITLE)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(SIGNATURE AND DATE)

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(DEA REGISTRATION NO.)