

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

**BUS TOKEN LOG
CUSTODIAN'S DESK**

 Facility _____
 Cost Center Code _____

DATE	ISSUED		JUSTIFICATION FOR ISSUANCE/COMMENTS	IN	OUT	INVENTORY BALANCE			GROSS TOTAL	REC/VER	
	BY	TO					.90	OTHER		BY	DATE

Number of Tokens Issued to client is subtracted.

Number of Tokens transferred from Safe File is added.

Other Specify Token value.