

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

POSTAGE STAMPS LOG
Clinic Manager (Safe File)

Facility: _____

Cost Center/Unit Code: _____

DATE	ISSUED BY DESIGNATED MESSENGER	TRANSFERRED/REPLENISHED COMMENTS	IN	OUT	INVENTORY BALANCE					GROSS TOTAL	RECEIVER	
					0.55						BY	DATE

Number of stamps transferred to Custodian is subtracted.

Number of stamps replenished from Accounting Division is added.

Other stamps specify stamp value.