COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

POSTAGE STAMP LOG
SAFE FILE

Facility _____
Cost Center Code _____

DATE	Issued by Designated Messenger	TRANSFERRED/REPLENISHED/ COMMENTS	IN	OUT	INVENTORY BALANCE					GROSS TOTAL	REC/VER	
					.37						BY	DATE

Number of Stamps Transferred to Custodian's Desk is Subtracted.
Number of Stamps Replenished from Accounting Division is Added.
Other Stamps Specify Stamp value.