COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

POSTAGE STAMP LOG
CUSTODIAN'S DESK

Facility _____
Cost Center Code _____

DATE	ISSUED		JUSTIFICATION FOR ISSUANCE/COMMENTS	IN	OUT	INVENTORY BALANCE					GROSS TOTAL	REC/VER	
	BY	TO				.37						BY	DATE

Number of Stamps issued to client is Subtracted.
Number of Stamps transferred from Safe File is Added.
Other Stamps Specify Stamp value.