## Item Disposition Record

Date of Disposition _____ Investigation Date_____

Investigator's Name _____ Phone _____

Charitable Organization _____

Mailing Address _____

City/State/Zip Code _____

Phone_____ Email _____

ITEM DISPOSITION CODE: **1**-Item Destroyed; **2**-Item Donated to Charity; **3**-Item Kept for Evidence; **4**-used for nutrition education

| Quantity | Item (Include Brand and Size) | Cost | Disposition Code |
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I verify the above information to be true and correct.

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Investigator's Signature Date

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Charitable Organization Representative Signature Date