

Office Supplies Inventory Checklist

Department/Location: _____ Date: _____

Item	Category	In Stock?	Quantity	Reorder Needed?
Copy Paper (A4)	Paper	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Notebooks	Stationery	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ballpoint Pens	Writing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Highlighters	Writing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Envelopes	Mailing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Printer Ink Cartridges	Print Supplies	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Staplers	Tools	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Sticky Notes	Stationery	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Paper Clips	Accessories	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Folders	Filing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Additional Notes/Requests: