WEEKLY BREAKROOM INVENTORY & EXPENSE SHEET

Office Snacks and Beverages Tracking

Week Ending:
Department/Location:
Prepared By:
Approved By:

ITEM DESCRIPTION	CATEGORY	UNIT COST ($)	QTY START	QTY ADDED	QTY END	QTY CONSUMED	TOTAL COST ($)
Snacks							
Beverages							
Other / Supplies							
						Total Weekly Expenses:	

Inventory Manager Signature

Date

Approving Authority Signature

Date