# INVENTORY SHEET

**ROOM CLAIM #**

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|  | | | | | | **COMPANY USE ONLY** | | |
| **LINE #** | **QUANTITY** | **DESCRIBE ITEM** | **WHERE PURCHASED**  **STORE CITY** | **DATE PURCHASED** | **CURRENT COST** | DEP. | ACV |  |
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Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

## Insured's Signature Date