

## MONTHLY GPS INVENTORY RECONCILIATION

District: \_\_\_\_\_ Month: \_\_\_\_\_

Officer: \_\_\_\_\_

District Coordinator: \_\_\_\_\_

INMATE NAME	MTD #	BRACELET #	CHG. STD.#

THIS INVENTORY SHEET MUST BE SUBMITTED TO THE DISTRICT COORDINATOR MONTHLY. THE DISTRICT COORDINATOR MUST SUBMIT THE APPROVED RECONCILIATION TO THE DIVISION COORDINATOR NO LATER THAN THE TENTH WORKING DAY OF THE MONTH.