Attachment I
OP-061001

MONTHLY GPS INVENTORY RECONCILATION

District: _____ Month: _____

Officer: _____

District Coordinator: _____

OFFENDER 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. (6/04)