NEW YORK STATE BUREAU OF IMMUNIZATION-VACCINES FOR CHILDREN AND CHILD HEALTH PLUS B VACCINE PROGRAMS
MONTHLY INVENTORY REPORT

Provider Name: _____ Phone#_____PIN#_____

Address: _____Contact Name: _____

Month/Year: _____

MONTHLY INVENTORY REPORT: Please report the number of doses of New York State (NYS) Vaccines for Children Program vaccine in your inventory through the last day of each month by completing the report below (ex: October end date is October 31st). A physical count of the number of doses of vaccine on hand is required. Include the vaccine, manufacturer name, lot number, expiration date and the number of doses in stock for each vaccine. The completed form should be faxed to the NYS VFC Program at (518) 474-4222. The information from this report should be used to assist you with deciding which vaccines need to be ordered. The program allows one vaccine order per month. Please order all vaccines needed at one time for the month. If vaccine is not required for the next month, the monthly inventory report must be submitted within 15 days from the last day of the month. If an order needs to be placed, this report must be submitted prior to placing the order. If you have any questions, please call 1-800-543-7468.

Vaccine	Manufacturer	Lot Number	Expiration Date	Number of Doses in stock