## International Association of Ministers' Wives and Ministers' Widows Inc.

## **Headquarters' Inventory Sheet**

Ministry	Name:		Date Received:	Date Sent:
Completed by	Your name:			
Box Number	Item Description	Quantit	ty L	ocation sent to
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	OF MINIST	ERS' WIVES		
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Responsible person's Signature:	
Librarian/HQ authorized person's signature of receipt:	