NEW YORK STATE BUREAU OF IMMUNIZATION – VACCINES FOR CHILDREN (VFC)
AND CHILD HEALTH PLUS (CHPLUS) PROGRAMS

# MONTHLY INVENTORY REPORT

Provider Name: _____

Address: _____

Contact Name:_____ Phone #:_____

VFC PIN # _____

Month/Year _____

- Please report the number of doses of NYS VFC vaccine in your inventory through the last day of each month (ex, October end date is October 31st).
- The information from this report should be used to assist you with deciding which vaccines need to be ordered.
- **A physical count of the number of doses of vaccine on hand is required**.
- Complete all sections below.
- VFC Program allows one vaccine order per month. Please order all vaccines needed for the month.
- **The report is due prior to placing a new vaccine order, or within 15 days from the end of the month, whichever comes first.**

| Vaccine | Manufacturer | Lot Number | Expiration Date | Number of Doses in stock |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Completed form should be faxed to NYS VFC Program: (518) 474-4222
If you have any questions, please call 1-800-543-7468 (1-800-KID-SHOTS)

2/2011