STATE OF NEW JERSEY BODY ARMOR INVENTORY REPORT

Please fill out this report for any and all body armor **vests** purchased since 1998 to the present, no matter what source of funds were used to pay the costs. You may make and attach as many copies as are necessary to complete your report. Please return the completed forms No Later Than **Thursday, May 6, 2004**, to:

Program Development Section
Division of Criminal Justice, P.O. Box 085
Trenton, New Jersey 08625-0085

For questions, call the Body Armor Replacement Fund desk at: 609-292-1462.

Agency Name: _____ County: _____ Re: Vests **"Purchased"*** in Calendar Year:_____ (Complete for each year starting with 1998)

(or indicate years that no vests were bought.)

***"Purchased"** means year that funds were expended for vests (not when purchase order was issued).

Manufacturer:	Model #	# of Vests Purchased	Total Costs for These Purchased Vests:
			$
			$
			$
			$
			$
			$

_____ (_____)_____ _____

(Printed) Name of Person Completing Form Telephone # Date Form Completed