Movivan Removals Inventory	
Customer	

Date of Inventory:_____/______/______________ *Page___/___*

This inventory must contain a full list of the goods and their full replacement value.

Please ensure all items with a full replacement value of £500 or more are listed separately on this inventory.

Item	***Description***	***Quantity***	***Full replacement value***

	Total Full Replacement Value:		

*Signature:*_____