

Name _____

Date _____



FILL IN THE GREATER THAN OR LESS THAN SIGN



Look at the two numbers in each box.

Fill in the correct sign (> or <) in the blank.

5 3	8 10	2 7
9 4	6 6	1 8
3 5	7 2	10 9
4 4	2 1	6 3
8 8	5 9	7 7
1 2	10 5	3 3