



# EQUIPMENT INVENTORY FORM

**Forward to: Business Services, District**

<input type="checkbox"/> Inventory List	<input type="checkbox"/> Asset List
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Check one below

<input type="checkbox"/> NEW - Purchase Order #: _____	<b>(Attach a copy of the PO)</b>
<input type="checkbox"/> TRANSFER TO - <input type="checkbox"/> VSG <input type="checkbox"/> CMS <input type="checkbox"/> Transp <input type="checkbox"/> CN (ck school too) <input type="checkbox"/> DO <input type="checkbox"/> Department:_____	

SERIAL #:	MODEL #:
TAG/ASSET #:	AMOUNT:
FUNDING STRING # used for purchase:	
VENDOR:	
EQUIPMENT DESCRIPTION:	
Location - stored or placed:	
Supervisor Signature:	Date:
<b>FOR TRANSFER OF EQUIPMENT</b>	
Effective Date of Transfer:	Signature of Supervisor transferring equipment:
Signature of Supervisor receiving transfer:	Date:
<b>IF OBSOLETE</b>	
Obsolete Equipment Request Completed on:	Board Approval on: