

**SCHOOL INVENTORY
Equipment Form**

INDICATE ONE: ___ADD ___DELETE ___TRANSFER

SCHOOL: _____

WHERE ACQUIRED: _____

MODEL NUMBER: _____

INDICATE ONE: ___NEW ___USED ___DONATED

PURCHASE FUND _____

COST CENTER: _____

LOCATION (ROOM #): _____

DESCRIPTION IF ITEM: _____

SERIAL #: _____

DATE ACQUIRED: _____

DELETION DATE: _____

UNIT COST: _____ @ _____ = \$ _____

P.O. #: _____

P.O. DATE: _____

CHECK #: _____

CHECK DATE: _____

ACTIVITY #: _____

ACCOUNT CODE USED TO PAY FOR THIS ITEM: _____

Central Office Use Only

BAR CODE # _____

Central office Use Only

Unless all information is given the item cannot be keyed into inventory correctly and this form will be sent back to you.

Signature of Principal

Date