

Inventory Control

Equipment Received Into Your Room

___ New ___ Old

School _____

Room _____ Date Received _____

Description of Equipment. _____

School ID# _____ Serial # _____

Date Purchased (if new item) _____

Vendor _____ Cost _____

Equipment Removed From Your Room

School _____

Room _____ Date _____

Description of Item to be removed _____

School ID # _____

*Method of Disposal

___ Transferred to another location

___ Worn out beyond repair

___ Other (explain) _____

Signature: _____

***Please turn in to Administration Office upon completion of this form**