INVENTORY CONTROL FORM

Add to Inventory: _____   Delete from Inventory: _____

Submitted By: _____   Lot #: _____   Date: _____

Description of item: _____

Donated By: _____   Donated Value: _____

Current Inventory Control Number (ICN): _____

Location of item: _____   Building #: _____

Brand name of item: _____

Model Number: _____   Serial Number: _____

Actual Cost: _____

Account Charged To: _____   P.O. Number : _____

Estimated Value at Disposal: _____

Manager Action: _____   Date: _____

Manager Signature: _____

BOD Action (If Applicable): _____