

PLEASE ATTACH A COPY OF THE PURCHASE ORDER AND INVOICE (ATTACH A COPY OF THE CHECK IF PAID FROM AN ACTIVITY OR AGENCY FUND); IF PROPER DOCUMENTS ARE NOT ATTACHED, FORM WILL BE RETURNED.

Prepared Date _____ By _____ School _____

- (1) Identifying Control Number _____ *(2) Type _____
- (3) Description of item _____
- (4) Manufacturer _____ Model # _____ (5) Serial No. _____
- (6) Quantity _____ (7) Location _____ Room _____
- *(8) Mobility Code _____ (9) Date Acquired _____ *(10) Acquisition Method _____
- (11) Purchase Order No. _____ (12) Invoice No. _____ (13) Check No. _____
- (13) Vendor Name _____ (14) Vendor No. _____
- (15) Expense Code _____ *(16) FDG Source _____
- (17) Total Cost of Items _____ (18) Cost per unit _____
- (19) Condition _____ (20) IF DONATION, Fair Market Value _____
(Donations must be approved by Board)
- (21) Estimated Life of Item _____ *(22) Valuation Method _____

Signed _____ Date _____
Principal/Department Head

Signed _____ Date _____
Person Responsible for Item

- * (2) Type: A-TV, VCR, Cassette Player, etc. B-Building C-Computer Equipment
F-Furniture, Fixtures L-Land V-Vehicles
(8) Mobility Code: 3-Movable equipment 2-Build in equip (site) 1-Built-in (building)
(10) Acquisition Method: 1-Purchase 2-Lease 3-Gift
(16) FDG Source: Complete if using restricted funds - Vo-tech, Title I or II, etc.
(22) Valuation Method: 1-Purchase 2-Appraisal 3-Other

Central Office Use only:

Entered into computer by: _____

Date entered _____

General Journal No. _____