

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. \_\_\_\_\_