

WELLINGTON SCHOOLS INVENTORY CONTROL FORM

NOTE: Please attach the inventory identification number to the equipment, complete the following form and return it to the Treasurer's Office as soon as possible.

NEW INVENTORY TAG #: _____

PO #: _____ DATE RECEIVED: _____

DESCRIPTION: _____

COMPANY PURCHASED FROM: _____

MANUFACTURER: _____

BUILDING ASSIGNED: _____ ROOM #: _____

SERIAL #: _____ MODEL #: _____

SIGNATURE (TAGGED BY)

DATE

TREASURER SIGNATURE

DATE

RETURN TO THE TREASURER'S OFFICE

TO BE COMPLETED BY TREASURER'S OFFICE:

Cost: _____ Fund: _____

Sent to Building: _____ Entered in Computer: _____