

TOPPENISH SCHOOL DISTRICT NO. 202
FIXED ASSET INVENTORY RECORD

Please complete and return to Mark Kresge, Central Office after delivery of item

NEW ADDITION

Tag # _____

Description _____

Location _____ Room # (if not mobile device) _____

Manufacturer _____ Assigned to (if mobile device) _____

Serial # _____ Purchase Date (month) _____

Fund # _____ Program code # _____

Date delivered _____ Check if purchased other than by VISA

Donated by _____

RECEIVED BY : _____

COMMENT: _____

TRANSFER

Tag # or Serial # if tag missing _____

Description _____

FROM Building/Person _____ Room # _____

TO Building/Person _____ Room # _____

Signature of person who approved the transfer _____

Signature of person who received transferred equipment _____

FORM COMPLETED BY _____ DATE: _____