|  |  |  |
| --- | --- | --- |
|  | **[Enter Agency Name]** | **Agency Inventory Control** |

|  |  |  |
| --- | --- | --- |
|  | Part I Completed by Agency on all transactions.Part II Completed by Agency when Inventory item received.Part III Completed by Accounting after payment of invoice. |  |
|  |
| **Part I** | Date |       | Inventory Control #: |       |
|  | Agency |       | Agency #: |       |
|  | Agency location – Building & Room No. |       |
|  | Check One: | [ ]  | Add |
|  |  | [ ]  | Change | Explain: |       |
|  |  | [ ]  | Delete | Explain: |       |
|  |  | (Attach police report if item was stolen. Attach approval for disposition if retired) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part II** | Model Number |       | Serial Number |       |
|  | Item Make or Model |       |
|  | Description of Item |       |
|  | Name of Vendor |       | Vendor FEI Number |       |
|  | Method of Acquisition |  |  |       |
|  | Purchase Order Number |       | Invoice Number |       |
|  | (Copy Attached) |  |
|  | Date of Acquisition |       |
|  | Acquisition Cost: | [ ]  | Actual | [ ]  | Estimated | $ |       |
|  | * If acquired by donation, the fair market value of the item at the time of acquisition.
* If acquired by lease/purchase, the acquisition cost as shown on the lease/purchase report required by the State Bond Advisor.
 |
|  | INCLUDE VALUE OF TRADE-IN, INSTALLATION, OR OTHER SET-UP COST |
|  |  |
|  | Transferred From: | (Agency & Location) |       |
|  |  |  |
|  |  | (Agency Director Signature) |
|  | Transferred To: | (Agency & Location) |       |
|  |  |  |
|  |  | (Agency Director Signature) |
|  | (If there are any unexpired maintenance agreements, please describe) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part III** | Source of Funding |       |  |
|  | Claim Number |       |  |
|  | Estimated Life |       |  |
|  |  | (Per IRS Standards) |  |
| **COPIES TO - Accounting / Inventory Control, Agency Inventory Control** |