|  |  |  |
| --- | --- | --- |
|  | **[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** | | | |