

Imperial Valley Regional Occupational Program
NEW OR CHANGE OF EQUIPMENT FORM

Complete all areas and return this form to Daniela Rodriguez.
 You may request IVROP tags for your equipment by calling 482-2615.

Status (check new or change) (Add IVROP Tag #)	New <input type="checkbox"/> Reassigned <input type="checkbox"/> Surplus <input type="checkbox"/> IVROP Tag #
Item/Description	
Manufacturer Name	
Model Number	
Serial Number	
Service Tag Number	
Purchase Date	
Purchase Price/unit	
Vendor	
PO # or type of payment (If available)	<input type="checkbox"/> Donated from _____
Warranty - Number of Years	(Project must keep record of warranty information)
Funding Source (Project resource number)	
Condition (New-Good-Poor)	
Project Name & Location or Station of Item (Physical location)	
Assigned To (Employee name)	
Form submitted by (Clerk or Employee name)	Date:
Supervisor Signature	

IVROP Administrative Office Use Only

Inventory Date	
Added to Inventory By	
IVROP Tag Number	

Please use **one form per unit (unit – computer, monitor, keyboard, mouse & cables)**. Purchases to be included on this inventory form include:
 Object 4300 Non-Capitalized Equipment with min. 1 year life expectancy (\$1 to \$499) Object 6400 Equipment (greater than \$5,000)
 Object 4400 Non-Capitalized Equipment (\$500 to \$5,000 per unit cost) Object 6500 Equipment Replacement (greater than \$5,000)