

Clark Atlanta University
Title III Programs

CAT-TRAC NO. _____

CAPITAL/BULK EQUIPMENT INVENTORY FORM (Purchases over \$5,000.00)

PURCHASE REQ NO. _____

Date: _____ Activity Director: _____ Activity No: _____

Activity Name: _____

Condition of Equipment (New/ Used): _____

Description	Manufacturer	Serial Number	Unit Purchase Price	CAU Tag Number	Location	Title III Tag Number

By signing below, I certify that the equipment or furniture items were received and will notify Title III Administration of any changes in location or use.
I also understand that I am responsible for this item and will ensure adequate safeguards to prevent damage and theft.

Activity Director: _____ Date: _____

Reviewed: _____ Date: _____
Title III Program Specialist

Approved: _____ Date: _____
Title III Director