



**Office of Title III Programs**

Wright Hall, 1<sup>st</sup> Floor  
 Phone 7234, 7293 – Fax 7691

Purchase Requisition No. \_\_\_\_\_

## Equipment Inventory Form

(Purchases \$500.00 – \$ 4,999.00)

Date \_\_\_\_\_ Activity Director \_\_\_\_\_

Activity Name \_\_\_\_\_

Condition of Equipment (*New/Used*): \_\_\_\_\_

Description	Manufacturer	Serial #	Unit Price	TLU Tag #	Location	Title III Tag #

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 (Print Signature) \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Reviewed: Title III Program Coordinator (Print Signature) \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approved: Title III Director (Print Signature) \_\_\_\_\_  
 Date