I-CAR®

CAPITAL EQUIPMENT INVENTORY FORM

This form must be submitted with a Check Request and receipts in order for reimbursement to be made. Capital expenses require pre–approval by your Regional Manager. Please read the "Committee Expenses" section of the I-CAR Committee Handbook before completing this form.

Quantity	Manufacturer	Description	Serial #	Purchase Price

Purchased by:_____ Committee Name:_____ D.C. #_____

I understand that I am solely responsible for the above described items purchased by I-CAR, unless they have been specifically assigned to and accepted by another individual.

Name:_____ Signature:_____ Date:_____

Address:_____

City:_____ State:_____ Zip:_____

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CAPITAL EQUIPMENT TRANSFER SECTION

It is necessary to complete this section, and promptly submit it to the I-CAR Home Office any time Capital Equipment is transferred from:

☐ One District Committee to another
☐ One Individual to another

Transfer "From" Information

Name:_____ Date:_____

Address:_____

City:_____

State:_____ Zip:_____

Committee Name:_____ D.C. #:_____

Daytime #: (_____)_____

E-mail Address:_____

Signature:_____

Transfer "To" Information

Name:_____ Date:_____

Address:_____

City:_____

State:_____ Zip:_____

Committee Name:_____ D.C. #:_____

Daytime #: (_____)_____

E-mail Address:_____

Signature:_____

Item Transferred:_____

Item Transferred:_____

Item Transferred:_____

Item Transferred:_____

Item Transferred:_____

Item Transferred:_____