

## 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.

|  |  | Description   |  |                      |
|--|--|---|--|----------------------|
|  |  |   |  |                      |
|  |  |   |  |                      |
| Purchased by   | !  | Committee Nam   | e:   | D.C. #               |
|  | at I am solely responsible figned to and accepted by a | or the above described items pu<br>unother individual.  | rchased by I-CAR, unless                           | they have been       |
| Name:  |  | Signature:  | Da   | ate:                 |
| Address:   |  |   |  |                      |
|  |  | State:  | Zip:   |                      |
|  |  | TITAL EQUIPMENT TRANSFER  | SECTION  |                      |
| It is nocossary  | to complete this section, a                            | nd promptly submit it to the I-CA   | R Home Office any time C                           | `anital Equipment is |
|  |  | ☐One District Committee to ☐One Individual to another   | o another  | zapitai Equipment is |
| transferred fror   |  | ☐One District Committee to ☐One Individual to another   | o another  |                      |
| transferred fror   | n:   | ☐One District Committee to ☐One Individual to another   | another  | mation               |
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