TITLE III MONTHLY (EQUIPMENT) INVENTORY FORM

ACTIVITY NAME/#		ACTIVITY DIRECTOR			DEPARTMENT NUMBER				
DATE:						PAGE:			
DESCRIPTION	DISPOSITION	P.R. #	P.O. #	COST.	QTY.	DATE REC'D	UNIV. CODE/TAG #	TITLE III ACC'T.#	
Activity Direc	tor:				Date: _				
Inventory Auditor:					Date: _	Date:			