EQUIPMENT INVENTORY LOG

Contractor:	Contract Number:
Contract Title:	Percent of Federal Funds:

Nebraska Office of Highway Safety
P.O. Box 94612
Lincoln, Nebraska 68509
(402) 471-2515 FAX: (402) 471-3865

Date Purchased	Item Description (Make & Model)	Location, Use and Condition	Inventory/Serial Number	Vendor/Supplier	Purchase Price	Titleholder

I hereby certify that the above equipment was inventoried on _____ (date), that each item shown was located, and that results of that inventory were reconciled with our property accounting records.	**Submitted by (signature)**	Title: _____ Date: _____

Contractor needs to retain a copy for his files.

Rev.8/10