

BURLINGTON COUNTY INSTITUTE OF TECHNOLOGY INVENTORY CONTROL FORM

INSTRUCTIONS: TO ADD Complete Parts I, II & III

To MOVE or DELETE: Complete Parts I, IV & V

PART I - INVENTORY INFO

Date: _____

CHECK ONE	
ADD	<input type="checkbox"/>
MOVE	<input type="checkbox"/>
DELETE	<input type="checkbox"/>

TAG# _____
SERIAL# _____

CHECK ONE		
LOCATION#	West	01
	Med	02
	Cent	03

PART II - RECEIVING

CONDITION _____ MAKE & MODEL # _____

ROOM# _____ SHOP NAME _____

PURCHASE ORDER# _____ PURCHASE DATE _____

MANUFACTURER: _____

ITEM DESCRIPTION _____

PART III - ACCOUNT PAYABLE

ITEM CODE _____ DEPT# _____ PURCHASE PRICE _____ SCHOOL YEAR _____

ESTIMATED LIFE: YRS _____ MO _____ PO ACCOUNT _____

VENDOR NAME _____

PART IV - MOVE & DELETE ASSETS (PLEASE COMPLETE ALL FIELDS)

MOVE
ROOM# FROM _____ TO _____
REQUESTED BY _____
DATE _____
SHOP NAME _____
CAMPUS: FROM _____ TO _____

DELETE
ROOM# FROM _____ TO _____
REQUESTED BY _____
DATE _____
SHOP NAME _____
SCRAP _____ SALE _____ TRADE IN _____
OTHER _____

ITEM DESCRIPTION: _____

REASON: _____

ACCOUNTS PAYABLE DEPT INFO: (MOVE ONLY)

LOCATION: FROM _____ TO _____ DEPT#: FROM _____ TO _____

PART V - SIGNATURES

DIVISION HEAD APPROVAL: _____ DATE _____

MOVED BY: _____ DATE MOVED _____