

**INVENTORY ADDITION REQUEST FORM**

<input type="checkbox"/> Fixed Asset Item		<input type="checkbox"/> Supplemental Item		Date of Request: _____	
School: _____			Cost Center: _____		
Paid By: <input type="checkbox"/> Central Office <input type="checkbox"/> Other:					
Funding Code: <b>(must have all 27 digits)</b>					
Item Description:*			Item Location at CCTR:		
Model #:			Serial #:		
Select source of acquisition:					
<input type="checkbox"/> Purchase New					
Purchase Order #:		Purchase Order Date:			
Check #:		Check Date:			
Purchase Price:		Attached: <b>Copy of Invoice and Check</b>			
<input type="checkbox"/> Donated					
Donated By:		Donation Date:			
Estimated Cost of Item:		Attached: <b>Donation Letter</b>			
<input type="checkbox"/> Other					
Explain: _____					
<b>OFFICE USE ONLY:</b>					
<input type="checkbox"/> Equipment		<input type="checkbox"/> Vehicle		<input type="checkbox"/> Land	
<input type="checkbox"/> Exhaustible Land Improvement		<input type="checkbox"/> Building		<input type="checkbox"/> Building Improvement	
		<input type="checkbox"/> Inexhaustible Land Improvement			
Inventory Control Number: _____			Class/Subclass: _____		
Comments:					
Approved _____		Date Approved _____			
Principal / Administrator					
Approved _____		Date Approved _____			
Federal Programs Director					
Please send to Chapter One Center if purchased with Title I, II or III Funds.					
Approved _____		Date Approved _____			
Superintendent					
Asset Added _____		Acquisition Date _____			
Central Office Inventory Clerk					
*If more than one item is being added, please complete page 2 and return with this form.					
After form is processed, a signed copy will be sent to originating location.					

