

LOUDONVILLE PERRYSVILLE SCHOOL DISTRICT

INVENTORY CONTROL FORM

EMPLOYEE NAME _____ DATE _____

TAG # _____

ITEM
DESCRIPTION _____

MODEL # _____ SERIAL # _____

LOCATION: BLDG. _____ ROOM # _____

PURCHASE ORDER # _____

VENDOR: NO: _____ NAME _____

PLEASE COMPLETE ALL LINES
RETURN TO TREASURER'S OFFICE WITHIN 5 DAYS

(TREASURER'S OFFICE USE ONLY)

Check # _____

Invoice Date _____

Purchase Price _____

Date Posted _____

Please attach inventory tag,
sign below, and return to
treasurer's office.
