

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

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(TREASURER'S OFFICE USE ONLY)

Check # \_\_\_\_\_

Invoice Date \_\_\_\_\_

Purchase Price \_\_\_\_\_

Date Posted \_\_\_\_\_

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

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