FORM A

## PROPERTY ACCOUNTING

Date \_\_\_\_\_

## EQUIPMENT OVER **\$5000** FOUND **WITHOUT** INVENTORY NUMBERS AFFIXED

## THESE ITEMS ARE NOT ON THE INVENTORY LIST

Acquire Date	Source Doc & #	Inventory Number	Description	Manufacturer	Model	Location	Serial #	Cost

Department Name	_ Org Id	Phone #
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Person Completing Inventory \_\_\_\_\_\_ Department Chairperson's Signature \_\_\_\_\_