

FORM B

PROPERTY ACCOUNTING

Date _____

EQUIPMENT OVER **\$5000** FOUND **WITH** 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 # _____

Person Completing Inventory _____ Department Chairperson's Signature _____