

PLEASE COMPLETE THIS FORM AND ATTACH TO PURCHASE ORDER AND INVOICE  
WHEN SUBMITTING TO ACCOUNTS PAYABLE AT THE CENTRAL OFFICE

CONWAY PUBLIC SCHOOLS

INVENTORY FORMAT

ASSET ID# \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_  
CATEGORY CODE \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
LOCATION CODE \_\_\_\_\_  
DATE ACQUIRED \_\_\_\_\_ (ACTIVITY FUND CHECK DATE ONLY)  
VENDOR \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_  
MODEL \_\_\_\_\_  
SERIAL # \_\_\_\_\_  
ROOM # OR LOCATION OF ITEM \_\_\_\_\_  
BUDGET UNIT/ACCOUNT # \_\_\_\_\_  
INVOICE # \_\_\_\_\_  
PURCHASE ORDER # \_\_\_\_\_  
CHECK # \_\_\_\_\_ (ACTIVITY FUND CHECK # ONLY)  
UNIT COST \_\_\_\_\_ (ADD TAXES & SHIPPING/HANDLING)  
FUND SOURCE \_\_\_\_\_  
DEPRECIATION LIFE \_\_\_\_\_  
CONDITION (NEW) (USED) – circle one