Inventory Additions

Date Received	Inventory Number	Item Description (Include Brand Name)	Serial Number	Name of Vendor Purchased From	Fund Charged*	P.O. Number

**Funds: Operating, Building, Activity, SpEd, Athletic, Food Service, PTO, Gift (List approximate cost if PTO or Gift)*

Employee Name (Print)

Location/Site
Include building & room # if applicable

Employee Signature

Date

Administrator/Dept. Head Signature

Forward completed form to the business office

Revised June 2018