TITLE III MONTHLY (EQUIPMENT) INVENTORY FORM

ACTIVITY NAME/#	ACTIVITY DIRECTOR	DEPARTMENT NUMBER

DATE: _____ **PAGE: _____**

DESCRIPTION	DISPOSITION	P.R. #	P.O. #	COST.	QTY.	DATE REC'D	UNIV. CODE/TAG #	TITLE III ACC'T. #

Activity Director: _____ Date: _____

Inventory Auditor: _____ Date: _____