

EQUIPMENT PURCHASE/TRANSFER/DISPOSAL FORM

NESD HEAD START PROGRAM, INC.
202 SOUTH MAIN STREET, SUITE 617
ABERDEEN, SD 57401

INVENTORY ID NUMBER: _____
QUANTITY: _____
DESCRIPTION: _____
SERIAL / MODEL NUMBER: _____
CATEGORY: _____
CONDITION: _____

LOCATION PURCHASED FOR: _____
DATE PURCHASED: _____
PURCHASED FROM: _____ COST: _____

LOCATION TRANSFERRED FROM: _____
LOCATION TRANSFERRED TO: _____
DATE OF TRANSFER: _____

DISPOSAL DATE: _____
LOCATION: _____
APPROVED BY: _____

SIGNATURE: _____

THE BUSINESS MANAGER MUST RECEIVE THIS FORM WITHIN THREE DAYS
OF THE TRANSACTION FOR INVENTORY CONTROL AND UPDATING.