Cherry Valley – Springfield Central School
Inventory Control Form
Barcode Number # **Date:**

EQUIPMENT ACQUISITION INFORMATION			
PO#	Vendor	Equipment Description	
Make/Mfg	Model	Purchase Price	Serial #
		$	
Service Manual	Operators Manual	Training/Support	Warranty Exp Date
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Acquisition: ☐ Purchased ☐ Leased ☐ Borrowed ☐ Rental ☐ Loaner ☐ Demo			
Received Date	Electrical Inspection Signature/Date	Original Delivery Location	

All electrical equipment must be inspected and signed off.
Please forward form to Main Office after inspection has taken place.

EQUIPMENT RELOCATION INFORMATION		
Removal Date	From	To

Requestor Signature: _____

Supervisor Signature: _____

Disposal Date:_____

Forward this form to the Main Office at time of relocation.
Copy of this form will be forwarded to new location upon completion.