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**Equipment Inventory Form**

(Purchase $500.00 - $4,999.00)

**Office of Title III Programs**

Vail Hall, First Floor

Phone: 484-365-7293

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| Purchase Requisition No.       |

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| Date:       | Activity Director:       |
| Activity Name:       | **Account Code:**  |
| Condition of Equipment:  | **[ ]  New** | [ ]  Used |
| Other Comments on Equipment:       |
| Description | **Manufacturer** | **Serial #** | **Unit Price** | **TLU Tag #** | **Location** | **Title III Tag #** |
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| By signing below, I certify that the equipment or furniture items were received and will notify Title III Administration of any changes in location or use. I also understand that I am responsible for this item and will ensure adequate safeguards to prevent damage and theft.  |
|      Dept. Head/Activity Director (Type Name) | **Dept. Head/Activity Director (Signature)** | **Date** |
|      Title III Director (Type Name) | **Title III Director (Signature)** | **Date** |