

NORTH FORK LOCAL SCHOOLS

Inventory Control Sheet

*** New Items ***

Please fill in the following information, place the inventory tag on the item, and return this form to the Treasurer's Office.

Vendor Name: _____

Tag number: _____

Date: _____

PO Number: _____

Check Number: _____

Check Amount: _____

Location of Item: _____
(Building and Room Number)

Account Number: _____

Model Number: _____

Serial Number: _____

Other Optional: _____
(e.g. Accessories or additional description)

Your Name: _____

Your Signature: _____

(Treasurer's Office Use Only)

Date Form Sent to Building: _____

Date Form Received Back: _____

Date Entered Into EIS: _____