

EQUIPMENT INVENTORY FORM

County: (county)		Date of inventory:			Page: _____		
Item	Description	ID Number	Date Purchased	Original Cost	Owner*	Location	Person Assigned to

*Owner Code: DB- District Board, CEC-County Extension Council, 4-H-4-H Council, EH-Extension Homemakers Council, AAC-Agriculture Advancement Council. List others that are applicable.

Person doing inventory (signature)

County Contact Agent (signature)