



St. James-Assiniboia School Division

FIXED ASSET INVENTORY CONTROL FORM

Location Number: _____ Location Name: _____

Date: _____ Signature: _____

A. APPLICABLE TRANSACTION

ADDITION _____ DELETION/DISPOSAL _____ TRANSFER _____

Reason: _____ To: Loc. Name: _____

_____ Loc. Number: _____

_____ Courier Type: _____

B. DETAILS OF EQUIPMENT ITEM(S)

| ID # | SERIAL # | DESCRIPTION (make, model, manufacturer) | QTY. | ADDITIONS ONLY | |
|-------|----------|--|-------|-------------------|------------------|
| | | | | PURCHASE PRICE | PURCHASE DATE |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

C. NOTES:

FORM DISTRIBUTION:

White: Secretary-Treasurer/CFO

Yellow: Location Copy

Pink: To Receiving Location - If Transfer