



Clarksdale Municipal School District

Dedicated to Excellence in Education

Education of Our Children: TOP PRIORITY

Asset Form A

ASSET REPORTING FORM

(Please return to Fixed Assets Office with all information completed.)

ASSET NUMBER	_____
LOCATION	_____
BUILDING	_____
ROOM	_____
CLASSIFICATION	_____
GROUP	_____
PO NUMBER	_____
PO ISSUED TO	_____
CHECK NO.	_____ CLAIM NO. _____
DESCRIPTION	_____
VENDOR	_____
COST	_____ DATE _____
MANUFACTURER	_____
MODEL	_____
SERIAL NO.	_____
ACCOUNT CODE	_____

**TO BE COMPLETED AND RETURNED TO FIXED ASSETS OFFICE
BY _____**