



Clint Independent School District
Room Fixed Assets Inventory Form



Campus/Department: _____

Name:		Room Number:		Date:	
Technology Equipment					
Item Descriptions	Model/Brand	Serial Number	Notes	Initials	
Furniture					
Item Descriptions	Quantity	Model Type	Notes	Initials	
Student Desk					
Teacher Desk					
Teacher Chair					
Filing Cabinet					
Chairs/Stools					
Tables					

Signature: _____

Date: _____

Instructions:
Please input the data/quantity for each category listed above. If there are any items in your inventory not listed please include them within the appropriate category, such as technology or furniture equipment. Provide any notes regarding items in the notes section. This form must be filled out at the conclusion of the school year. Submit all forms to Inventory_management@clint.net