

PINELLAS COUNTY SCHOOLS
EQUIPMENT/MERCHANDISE MANUFACTURED OR ACQUIRED OTHER

DATE _____

SCHOOL/DEPT. _____ COST CENTER # _____

The following equipment, furniture, or other merchandise was aquired by: (check one)

☐

OTHER please explain

☐

MANUFACTURED please complete:

Cost Center/Creator's Name _____

Address (If applicable) _____

Make, Model #
Description (size, color, etc)

Serial #

For Property Records
Tag # Assigned

APPROXIMATE VALUE \$ _____ (MUST BE FILLED IN)

If manufactured or created, please attach sheet listing all costs: materials, direct labor, and any identifiable overhead costs. (Florida Administrative Rule - Chapter 69I - 73.003(j))

APPROXIMATE AGE _____ NEW _____ USED _____

Received by Department: _____

Bldg/Room _____

Signature of person receiving goods _____

Print name of person receiving goods _____