

COUNTY, DISTRICT, 4-H CENTER, OR SECTION _____

DISTRICT _____

DATE _____

EQUIPMENT, SUPPLY OR SERVICE RECEIPT NOTIFICATION FORM*

Item and Description	Model and Serial No.**	U.T. Tag Number**	Date Item Received	Room Number	Condition on Receipt	Transfer Voucher/ Purchase Order #

* Also forward invoice and/or itemized statement

Signature _____

** For equipment and furniture costing \$1,000 or more

Title _____

DISTRIBUTION:

- 1 Copy - File
- 1 Copy - District Office (counties only)
- 1 Copy - Information Technology (for computers)
- 1 Copy - Dean's Office