

COUNTY, DISTRICT, 4-H CENTER, OR SECTION \_\_\_\_\_

REGION \_\_\_\_\_

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 \_\_\_\_\_

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