



State of Oklahoma

Agency Inventory Control

Part I Completed by Agency on all transactions.
Part II Completed by Agency when Inventory item received.
Part III Completed by Accounting after payment of invoice.

Part I	Date _____	Inventory Control #: _____
	Agency _____	Agency #: _____
	Agency location – Building & Room No. _____	
	Check One: <input type="checkbox"/> Add	
	<input type="checkbox"/> Change Explain: _____	
	<input type="checkbox"/> Delete Explain: _____	
(Attach police report if item was stolen. Attach approval for disposition if retired)		

Part II	Model Number _____	Serial Number _____
	Item Make or Model _____	
	Description of Item _____	
	Name of Vendor _____	Vendor FEI Number _____
	Method of Acquisition _____	
	Purchase Order Number _____	Invoice Number _____
	(Copy Attached)	
	Date of Acquisition _____	
	Acquisition Cost: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated \$ _____	
	<ul style="list-style-type: none">• If acquired by donation, the fair market value of the item at the time of acquisition.• If acquired by lease/purchase, the acquisition cost as shown on the lease/purchase report required by the State Bond Advisor.	
INCLUDE VALUE OF TRADE-IN, INSTALLATION, OR OTHER SET-UP COST		
Transferred From: (Agency & Location) _____		
_____ (Agency Director Signature)		
Transferred To: (Agency & Location) _____		
_____ (Agency Director Signature)		
(If there are any unexpired maintenance agreements, please describe)		

Part III	Source of Funding _____
	Claim Number _____
	Estimated Life _____
(Per IRS Standards)	

COPIES TO - Accounting / Inventory Control, Agency Inventory Control