PROPERTY INVENTORY REPORT

Local Agency No: _____ Page _____ of _____

Local Agency Name: _____ Clinic Site: _____

Item #	State Property Tag #	Serial #	Description of Item	Condition				Acquisition Date	Acquisition Cost
				New	Good	Acceptable	Unusable		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Please note: Record all non-expendable equipment over $500 purchased with WIC funds.
Record State Property Tag Numbers for all equipment over $500 purchased by the State WIC Office.

I certify this information to be true and correct.
(Sign last page only)

Signature: _____

Printed Name: _____

Title: _____

Date: _____