

Equipment Inventory Form

[INSERT NAME OF JURISDICTION]

Grant Name:
Grant Number:
[DATE]

Inventory Number	Description (Item Specific)	Source of Funding	FAIN	Total Cost (Per Item)	Percent of Federal Participation	Serial/Model Number	Acquisition Date	Location of Property	Use	Condition
	Cobra CB Radio					18 WX ST 11		MICP		
	RAM MDC mount							MICP		
	Emergency Warning Kit							MICP		
	Garmin Street Pilot					C330 SN 88509326		MICP		
	HP All in One Printer					CN85MFD7MJ		MICP		
	Misc. hand tool kit							MICP		
	HP Print Cartridge Black							MICP		
	HP Print Cartridge Yellow							MICP		
	Video Monitor (6)					Viewsonic		MICP		
	FM Transmitter (2)					IC2720		MICP		
	HP All in One Printer					250		MICP		
	Radio Headphone (2)					HEIL		MICP		
	Radio Headset (2)					SETCOM		MICP		
	External Keyboard (8)							MICP		
	GE Telephone					50100174		MICP		
	GE Telephone					5010658		MICP		
	GE Telephone					50101641		MICP		
	GE Telephone					50101659		MICP		
	Vantage Pro 2 Weather					3788A-6312		MICP		
	Brother Fax Machine					U61227M4K986454		MICP		
	Fostex Monitor (2)					6301B		MICP		

DATE OF TRANSFER SIGNATURES

Name of Sub-Recipient: *[INSERT HERE]*

Name of Receiving Jurisdiction/Agency: *[INSE*

Printed Name and Title

Printed Name and Title

Signature

Date

Signature

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