

EQUIPMENT INVENTORY FORM									
County:			Date of Inventory:			Page:			
Item	Description	ID#	Date Purchased	Original Cost	Owner*	Location	Person Assigned to		

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*Owner Code: DB-	District Board, CEC-County Extension	n Council, 4-H-4	1-H Council, EH-Extens	ion Homemakers (Council, AAC-Agricult	cure Advancement Counc	cil. List others as needed.

Person doing inventory (signature):	
County Contact Agent (signature):	