

Snohomish School District #201 Capital Outlay Barcode Assignment Form

Item Description (be specific)	
Manufacturer	
Model Number	
Serial Number	
Location/ Department	
Room# (on bar-code in upper door jam)	
Room Description (commonly used)	
Fund: (circle one)	General / Cap. Proj. / ASB / Transp. Veh.
Funding Code (Grant program name & #)	
Purchase Order #	
Purchase Date	
Vendor Name	
Donation or Reimbursement Information	
(donor or employee name and purchase price)	
Signature	Date
When form is initiated by the Inventory Control T Immediately affix the Bar-Code ID tag to the equip information requested and return to the Inventory within 5 business days. For questions call (360)	Technician (JCT), school or department must: oment described above. Complete the y Control Technical (ICT) in Accounting
When form is initiated by the school or deparence or depa	ved by donation or through employee
in Accounting to issue a bar-code tag.	
For Accounting Use Only	
Barcode Tag #:	
Date Issued:	