NORTH IDAHO COLLEGE
EQUIPMENT ADDITIONS FORM

Department Name: ___________________________ Date: ___________________________

1. ASSET ID: PO# (To be completed by the Business Office)
   ASSET DESCRIPTION (40 characters Maximum)
   SERIAL # BUILDING: ROOM:
   ACQUISITION DATE: QUANTITY: UNIT COST:

   VENDOR NAME: ____________________________________________

2. ASSET ID: PO# (To be completed by the Business Office)
   ASSET DESCRIPTION (40 characters Maximum)
   SERIAL # BUILDING: ROOM:
   ACQUISITION DATE: QUANTITY: UNIT COST:

   VENDOR NAME: ____________________________________________

3. ASSET ID: PO# (To be completed by the Business Office)
   ASSET DESCRIPTION (40 characters Maximum)
   SERIAL # BUILDING: ROOM:
   ACQUISITION DATE: QUANTITY: UNIT COST:

   VENDOR NAME: ____________________________________________

***Signature of Department Head:___________________________________________

INSTRUCTIONS: You must list the details of each Asset located in the Department that is not on the equipment inventory list