NORTH IDAHO COLLEGE
FURNITURE ADDITIONS FORM

Department Name: ___________________________ Date: ________________

1. FURNITURE ID:                                                                 PO#
   (To be completed by the Business Office)

   FURNITURE DESCRIPTION
   (40 characters Maximum)

   SERIAL # | BUILDING: | ROOM: |
   ACQUISITION DATE: | QUANTITY: | UNIT COST: |

   VENDOR NAME:

2. FURNITURE ID:                                                                 PO#
   (To be completed by the Business Office)

   FURNITURE DESCRIPTION
   (40 characters Maximum)

   SERIAL # | BUILDING: | ROOM: |
   ACQUISITION DATE: | QUANTITY: | UNIT COST: |

   VENDOR NAME:

3. FURNITURE ID:                                                                 PO#
   (To be completed by the Business Office)

   FURNITURE 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.