

**NORTH IDAHO COLLEGE  
EQUIPMENT ADDITIONS FORM**

Department Name:

Date:

<b>1. ASSET ID:</b> (To be completed by the Business Office)		<b>PO#</b>
<b>ASSET DESCRIPTION</b> (40 characters Maximum)		
<b>SERIAL #</b>	<b>BUILDING:</b>	<b>ROOM:</b>
<b>ACQUISITION DATE:</b>	<b>QUANTITY:</b>	<b>UNIT COST:</b>
<b>VENDOR NAME:</b> <hr style="border: 1px solid black;"/>		
<b>2. ASSET ID:</b> (To be completed by the Business Office)		<b>PO#</b>
<b>ASSET DESCRIPTION</b> (40 characters Maximum)		
<b>SERIAL #</b>	<b>BUILDING:</b>	<b>ROOM:</b>
<b>ACQUISITION DATE:</b>	<b>QUANTITY:</b>	<b>UNIT COST:</b>
<b>VENDOR NAME:</b> <hr style="border: 1px solid black;"/>		
<b>3. ASSET ID:</b> (To be completed by the Business Office)		<b>PO#</b>
<b>ASSET DESCRIPTION</b> (40 characters Maximum)		
<b>SERIAL #</b>	<b>BUILDING:</b>	<b>ROOM:</b>
<b>ACQUISITION DATE:</b>	<b>QUANTITY:</b>	<b>UNIT COST:</b>
<b>VENDOR NAME:</b> <hr style="border: 1px solid black;"/>		

\*\*\*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