



CAPITAL EQUIPMENT INVENTORY FORM

This form must be submitted with a Check Request and receipts in order for reimbursement to be made. Capital expenses require pre-approval by your Regional Manager. Please read the "Committee Expenses" section of the I-CAR Committee Handbook before completing this form.

Quantity	Manufacturer	Description	Serial #	Purchase Price

Purchased by: _____ Committee Name: _____ D.C. # _____

I understand that I am solely responsible for the above described items purchased by I-CAR, unless they have been specifically assigned to and accepted by another individual.

Name: _____ Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

CAPITAL EQUIPMENT TRANSFER SECTION

It is necessary to complete this section, and promptly submit it to the I-CAR Home Office any time Capital Equipment is transferred from:

- One District Committee to another
- One Individual to another

Transfer "From" Information	
Name: _____	Date: _____
Address: _____	
City: _____	
State: _____	Zip: _____
Committee Name: _____	D.C. #: _____
Daytime #: () _____	
E-mail Address: _____	
Signature: _____	

Transfer "To" Information	
Name: _____	Date: _____
Address: _____	
City: _____	
State: _____	Zip: _____
Committee Name: _____	D.C. #: _____
Daytime #: () _____	
E-mail Address: _____	
Signature: _____	

Item Transferred: _____

Item Transferred: _____

Item Transferred: _____

Item Transferred: _____

Item Transferred: _____

Item Transferred: _____