

# TCUSD#15 Technology Department Lab/Office Inventory Form

## Staff Information

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room#: \_\_\_\_\_

## Hardware Information

Item	Model	Tag#	Serial#	Notes

Inventory Date: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_

### *Office Use ONLY*

Return Date: \_\_\_\_\_

Technician Initial: \_\_\_\_\_

Notes: \_\_\_\_\_