



ASSET INVENTORY SYSTEM

(Please Print All Information)

Custodian

Phone

Building

Room

Department

P.O. Number

P.O. Date

Manufacturer's Vendor Name

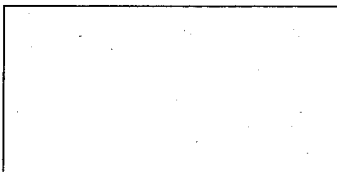
Description

Mfg. Serial Number

Department Head/Supervisor Authorization

If you have any questions while completing this form please contact Himanshu Patel (Fixed Asset Accountant, hpatel17@njcu.edu or x 3274)

CONTROLLER'S OFFICE USE ONLY



Asset Tag #

GL Account #

Asset Code

Insurance Code

Life/Yrs

Acquisition Date

Acquisition Value

Placed In Service Date

Entered By: _____

Date: _____

Inventory By: _____

Date: _____