

OET Workforce Equipment Inventory Control Form

1. Date: _____

Contact Information

2. Grant Recipient Name:	
3. Subrecipient Name:	
4. Address:	
5. Phone:	6. Email:

Equipment Description

7. Brief Description:			
8. Location of Equipment:			
9. Serial #:	10. Purchase Price:	11. Date of Purchase:	12. Condition of Equipment:
_____	_____	_____	<input type="checkbox"/> New <input type="checkbox"/> Used
13. Vendor Name and Address:			
14. Source of Funding:			
15. Who Holds Title:			
16. Signature of Grant Recipient/Subrecipient Property Officer	17. Date		

FOR OET USE ONLY

OET approval letter on file? Yes No

Date of Letter:

On-site verification date:

Monitor Name:

Phone:

OET Staff's Comments:

OET Staff's Signature

Date