BEHAVIORAL HEALTH SERVICES
PROPERTY INVENTORY FORM

FISCAL YEAR: _____
COUNTY CONTRACT #: _____
PROGRAM NAME _____
PROGRAM SITE ADDRESS _____
COTR NAME: _____

DATE INVENTORY TAKEN: _____
month/date/year

NEW / RECONCILIATION / REVISION
(CIRCLE ONE whichever is applicable)

SIGNATURE:_____ NAME & JOB TITLE: _____

Yellow County Property Tag/ Label Attached? (Yes/ No)	Description	Qty	Make	Model	Serial #	Acq. Date (Mo/Yr)	Original Cost/Funding Source	Date of Disposal of Fixed Assets or Minor Equipment	Date AUD253 completed

REMARKS: