**Classroom Inventory List**

School Year: \_\_\_\_\_\_-\_\_\_\_\_\_

Faculty/Staff: Please complete the following form on inventory in your room. List all equipment (include TVs, DVD players, computers, textbooks, school owned classroom materials, etc). List major furniture items. Complete all columns to the best of your knowledge. SERIAL NUMBERS MUST BE RECORDED ON EVERY ITEM THAT HAS ONE! You may also write a list of major supplies that you have in your possession for insurance purposes, but please write these on a separate sheet and label the list as supplies. Remember to keep a copy of this form for you to make necessary changes throughout the year, which will make this process easier the following year. Any items that you get rid of or move to another location must be recorded. Your cooperation is appreciated!

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| Quantity | Item Description | Brand/Make | Model | Serial Number | School ID # | Approx Cost (if applicable) | Date of Purchase if known |
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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_\_\_\_ Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_