COUNTY, DISTRICT, 4-H CENTER, OR SECTION _____

REGION _____

DATE _____

EQUIPMENT, SUPPLY OR SERVICE RECEIPT NOTIFICATION FORM*

Item and Description	Model and Serial No.**	U.T. Tag Number**	Date Item Received	Room Number	Condition on Receipt	Transfer Voucher/ Purchase Order #

* Also forward invoice and/or itemized statement

** For equipment and furniture costing $1,000 or more

Signature _____

Title _____

DISTRIBUTION:
1 Copy - File
1 Copy - Region Office (counties only)
1 Copy - Information Technology (for computers)
1 Copy - Dean's Office

FORM NO. 571 (Rev 2/2003)