SURPLUS BOOKS
COMP PROG

ECTS Equipment Inventory Control Form

Required Information

Date Acquired: 9-1-09

Acquisition Cost: 90¢ per Book (29 BOOKS)

Equipment PO #: _____

Department: Computer PROGRAMMING

Was Equipment Donated? (Circle correct response). Yes (No)

If the equipment was donated, was this approved? Yes No Date: _____

Who donated the Equipment? _____

Equipment Description: VISUAL BASIC 2008 TEXT BOOK

Serial #: ISBN 13- 978-1-4239-2716-7

Model #: _____

Vendor/Supplier: Cengage Learning

Location of Equipment: Room 37

Mark Heun — 5/30/2018

(Name of person filling out form) *(Date)*

ECTS #: _____

Asset Class _____

Life _____

Building Code: _____

Floor/Room Code: _____

If moved, new location of equipment: _____

Is equipment to be Surplus? Yes No

ECTS Equipment Inventory Control Form

Required Information

Date Acquired: 9/1/2003

Acquisition Cost: 90 - per Book, - 3 Books

Equipment PO #: _____

Department: Computer PROGRAMING

Was Equipment Donated? (Circle correct response). Yes (No)

If the equipment was donated, was this approved? Yes No Date: _____

Who donated the Equipment? _____

Equipment Description: VISUAL BASIC .NET

Serial #: ISBN 0-7895-6549-8

Model #: _____

Vendor/Supplier: Cengage Learning

Location of Equipment: Room 37

Noah Daum 5/30/18

(Name of person filling out form) *(Date)*

ECTS #: _____

Asset Class _____

Life _____

Building Code: _____

Floor/Room Code: _____

If moved, new location of equipment: _____

Is equipment to be Surplus? Yes No

ECTS Equipment Inventory Control Form

Required Information

Date Acquired: 9/1/2004

Acquisition Cost: 90 per book / 27 Books

Equipment PO #: _____

Department: Computer Programming

Was Equipment Donated? (Circle correct response). Yes (No)

If the equipment was donated, was this approved? Yes No Date: _____

Who donated the Equipment? _____

Equipment Description: VISUAL C# .NET

Serial #: ISBN-0-619-15497-9

Model #: _____

Vendor/Supplier: Course Learning

Location of Equipment: Room 37

Nicole Dawe — 5/30/18

(Name of person filling out form) *(Date)*

ECTS #: _____

Asset Class _____

Life _____

Building Code: _____

Floor/Room Code: _____

If moved, new location of equipment: _____

Is equipment to be Surplus? Yes No