**INVENTORY OF EQUIPMENT**

PROJECT TITLE**:**

PROJECT BENEFICIARY:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INVENTORY OF ACQUIRED EQUIPMENT (SETUP FUNDED) | | | | | |
| QTY | Name of Equipment / Description / Specification | AMOUNT | PROPERTY No. | DATE ACQUIRED | REMARKS |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |

Inventory Conducted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Office Representative

Date: \_\_\_\_\_\_\_\_\_\_\_

Witnessed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperator/Cooperator’s Authorized Representative