

ASSET TAG REQUEST FORM ??? CENTRAL SCHOOL DISTRICT

Your Name	
Your Department	
Phone Number/Extension	
Where Will The Asset Be Stored	
Manufacturer Of Asset	
Model Number	
Serial Number	
Purchased From	
Purchase Order Number	
Purchase Amount	
Date of Purchase	
Date Asset Was Received	
Life Expectancy of Asset	
Requester's Signature	

Information below is to be completed by Asset Manager

Asset Tag Number Assigned	
Date Tag was Assigned	