

# WASHOE COUNTY SCHOOL DISTRICT

## INVENTORY TAG RECEIPT

\_\_\_\_\_  
Name of Receiving Location

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchase Order No.

LOOK-UP CATEGORY	INVENTORY TAG NO.	ITEM DESCRIPTION /MODEL NO	MANUFACTURER & SERIAL NUMBER	NO. UNITS	COST

I CERTIFY THAT THE INVENTORY TAG LISTED IN COLUMN TWO HAS BEEN ATTACHED TO THE CORRESPONDING ITEM IN COLUMN THREE.

DATE: \_\_\_\_\_

\_\_\_\_\_  
RECEIVING PERSONNEL

---

1 (White) Property Control    2 (Yellow) Property Control    3 (Pink) School/Department    4 (Gold) Warehouse