STANISLAUS COUNTY OFFICE OF EDUCATION
HEAD START PROGRAM
DELEGATE PROPERTY INVENTORY
2008/2009

Delegate:
Site/Center:

Delegate Asset No.	Description	Manufacturer's Serial No & License No	Funding %	Acquisition Date	Original Unit Cost	Vendor Name	Last Phys. Inventory Date	Location (Attach Key)			Condition	Ultimate Disposition Data			
								Site	Bldg	Room		Date of Disposal	Method	Recipient	Price

Mandatory
Revised 11/08
CF/F-5

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I acknowledge and understand that I am accountable for the property listed above and that I shall be responsible for loss and damage unless otherwise relieved. I also certify that all of the items are properly tagged and insured.

Signature Title _____ Date _____

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