

**NESD Head Start  
Inventory Item  
Purchase/Transfer/Disposal**

Quantity: \_\_\_\_\_

Description: \_\_\_\_\_

Serial/Model Number: \_\_\_\_\_

Category: \_\_\_\_\_

Condition: \_\_\_\_\_

Location Purchased For: \_\_\_\_\_

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

Purchased From: \_\_\_\_\_ Cost: \_\_\_\_\_

Location Transferred From: \_\_\_\_\_

Location Transferred To: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

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

Location: \_\_\_\_\_

Signature: \_\_\_\_\_

**The Purchasing Coordinator MUST receive this form within five days of the transaction for inventory control and updating.**