



C LARKSDALE MUNICIPAL SCHOOL DISTRICT
Education of our Children: **TOP PRIORITY!**

Asset Form A

ASSET REPORTING FORM

(Please return to Fixed Assets Office with all information completed.)

ASSET NUMBER _____

LOCATION _____

BUILDING _____

ROOM _____

CLASSIFICATION _____

GROUP _____

PO NUMBER _____

PO ISSUED TO _____

CHECK NO. _____ CLAIM NO. _____

DESCRIPTION _____

VENDOR _____

COST _____ DATE _____

MANUFACTURER _____

MODEL _____

SERIAL NO. _____

ACCOUNT CODE _____

**TO BE COMPLETED AND RETURNED TO FIXED ASSETS OFFICE
BY _____**