

**The Ohio Department of Alcohol and Drug Addiction Services
Equipment/Furniture/Computer Software/Hardware Itemization Form**

Please list each item separately. Complete as many forms as needed.

Date: _____ **Grant Number:** _____

Agency Name: _____

Program Title: _____

Name of Person Completing This Form: _____

Title: _____ **Phone Number:** _____

Item Description: _____

Make: _____ **Model Number:** _____

Serial Number: _____ **Asset ID Number:** _____

Date Acquired: _____ **Purchase Price:** _____

Funding Source: ☐ **State** ☐ **Federal**

Item Description: _____

Make: _____ **Model Number:** _____

Serial Number: _____ **Asset ID Number:** _____

Date Acquired: _____ **Purchase Price:** _____

Funding Source: ☐ **State** ☐ **Federal**

Item Description: _____

Make: _____ **Model Number:** _____

Serial Number: _____ **Asset ID Number:** _____

Date Acquired: _____ **Purchase Price:** _____

Funding Source: ☐ **State** ☐ **Federal**

Item Description: _____

Make: _____ **Model Number:** _____

Serial Number: _____ **Asset ID Number:** _____

Date Acquired: _____ **Purchase Price:** _____

Funding Source: ☐ **State** ☐ **Federal**
