Mississippi Department of Human Services
Inventory Control List
Subgrant/Agreement Property & Equipment

Mississippi
MDHS-PROP-SE02
Revised: 10/31/2016

MDHS Funding Division: _____

A. Subgrantee Name: _____ **B.** Contact Person: _____
Street Address: _____ City, State, Zip Code: _____
Telephone Number: (___) _____

C. Agreement Number: _____ **D.** Total Equipment Amount Budgeted: $_____
Grant ID: _____
Subgrant/Agreement Period: From _____ To _____

E. Item Description	**F.** Serial #	**G.** Model #	**H.** Vendor Name	**I.** Invoice Date	**J.** Check # or Voucher #	**K.** Cost	**L.** Location	**M.** MDHS Subgrantee Inventory #	**N.** Final Disposition
1.									
2.									
3.									
4.									
5.									

(Subgrantee must complete items **A. - L.**) (MDHS will complete items **M** and **N**.)

Verified by: _____ Title: _____ Date: _____