



Inventory Control List Subgrant / Contract Property & Equipment

MDHS Funding Division: _____

A. Subgrantee Name: _____

B. Contact Person: _____

Street Address: _____

Telephone Number: (____) _____

City, State, Zip Code: _____

C. Subgrant Number: _____

D. Total Equip. Amount Budgeted: \$ _____

Grant ID: _____

Subgrant / Contract Period: From _____ To _____

	E. Item Description	F. Serial #	G. Model #	H. Vendor Name	I. Invoice Date
1.					
2.					
3.					
4.					
5.					

	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)
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Verified by: _____

Date: _____

Title: _____