School Profile

Name of Inventory Liaison _______________________________________________________

School ____________________________________________ Email ________________________

Approved Purchase Orders

Select appropriate quarter to be inventoried:

〇 October/November/December    〇 April/May/June
〇 January/February/March       〇 July/August/September

List below any approved purchase orders that have federal funding sources for this quarter with items located in your school to be inventoried:

4110 (Title I) / 4120 (CSI - School Improvement) / 4160 (Title IV) / 4296 (CARES ESSER II) / 4298 (CARES ESSER III)

<table>
<thead>
<tr>
<th>PO #</th>
<th>Vendor</th>
<th>Total $ Amount of PO</th>
<th>Description of Items to be Inventoried (i.e., computers, smartboard, printer)</th>
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* This form may be duplicated if additional purchase orders need to be listed.

Verification of Inventory Completed

My signature verifies that the information on this form is true and correct to the best of knowledge.

I have reviewed the listed purchase orders above; located and properly inventoried all non-consumable items; affixed federal asset tags to items; input required data into Destiny Follett.

Inventory Liaison Signature ___________________________________________ Date ____________

Principal Approval Signature ___________________________________________ Date ____________

This form must be completed at the end of each quarter and uploaded with supporting documents (copies of purchase orders) to TITLE I CRATE:

Crate R: Evidence of Compliance → Tab 9: Coordination of Resources/Comprehensive Budget → Sub-Tab 9.5: Inventory