

New Jersey State First Aid Council Technology Inventory

Make (ex: Dell) _____

Model (ex: OptiPlex 7060) _____

Serial # / Service Tag _____

Description
*(include any upgrades
since original purchase)* _____

Date Acquired _____ (estimate)

Original Cost _____ (estimate)

Officer/Committee
to which assigned _____

Describe usage
*(bookkeeping,
convention
registration, etc.)* _____

— Physical Location of NJSFAC Property —

Contact Person _____

Street Address _____

City, State & ZIP Code _____

Phone Number _____

E-mail Address _____