## Associated Students (AS) of Santa Monica College (SMC)

## A.S. INVENTORY FORM

Club Name:	Date:
Club Full-Time Advisor Name:	Contact Ph:
Item #1 Description:	
Item#1 Brand Name:	Item#1 Cost: \$
Item#1 Model #:	Item#1 Serial #:
Item#1 will be stored at?	
Item #2 Description:	
Item#2 Brand Name:	Item#2 Cost: \$
Item#2 Model #:	Item#2 Serial #:
Item#2 will be stored at?	item#2 Jenai #.
Item #3 Description:	
Item#3 Brand Name:	Itam#2 Cost: ¢
	Item#3 Cost: \$
Item#3 Model #:	Item#3 Serial #:
Item#3 will be stored at?	
Item #4 Description:	
Item#4 Brand Name:	Item#4 Cost: \$
Item#4 Model #:	Item#4 Serial #:
Item#4 will be stored at?	
Item #5 Description:	
Item#5 Brand Name:	Item#5 Cost: \$
Item#5 Model #:	Item#5 Serial #:
Item#5 will be stored at?	
Item #6 Description:	
Item#6 Brand Name:	Item#6 Cost: \$
Item#6 Model #:	Item#6 Serial #:
Item#6 will be stored at?	
Item #7 Description:	
Item#7 Brand Name:	Item#7 Cost: \$
Item#7 Model #:	Item#7 Serial #:
Item#7 will be stored at?	
Item #8 Description:	
Item#8 Brand Name:	Item#8 Cost: \$
Item#8 Model #:	Item#8 Serial #:
Item#8 will be stored at?	
Item #9 Description:	
Item#9 Brand Name:	Item#9 Cost: \$
Item#9 Model #:	Item#9 Serial #:
Item#9 will be stored at?	Teering Gerial III
Item #10 Description:	
Item#10 Brand Name:	Item#10 Cost: \$
Item#10 Model #:	Item#10 Serial #:
Item#10 will be stored at?	Itelli#10 Seliai #.
item#10 will be stored at:	
I, the above named advisor, have reviewed and approve the above purchase(s) for our club use. I also, understand that I will be responsible as the overseer of this equipment / recreational items funded by the AS of SMC.	
Club Full-Time Advisor Signature:	Date Signed: