

# Cumulative Equipment Roster

Type of Equipment	Serial Number	Date Purchased	Cost	Name of Supplier	Location	Final Disposition Date*	Physical Inventory Checklist
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
<b>Total Cost</b> of all operable equipment owned by the relief association							

\*if equipment is disposed of or sold, please indicate date of transaction. In addition, please exclude the cost value of this item from the total at the bottom of the page.