

**STANISLAUS COUNTY OFFICE OF EDUCATION
HEAD START PROGRAM
DELEGATE PROPERTY INVENTORY
Year: 2016-17**

Delegate: _____

Site/Center: _____

Delegate Asset No.	Description	Manufacturer's Serial No. & License No.	Source of Funding	Funding %	Acquisition Date	Title Holder Name	Original Unit Cost	Vendor Name	Last Physical Inventory Date	Site	Condition	Ultimate Disposition Data			
												Date of Disposal	Method	Recipient	Price

*I acknowledge and understand that I am accountable for the property listed above and that I shall be responsible for loss and damage unless otherwise relieved. I also certify that all of the items are properly tagged and insured.

Signature

Date

Position

CFR part 75.320(d)(1)