

# Government of the U.S. Virgin Islands

## Tagging Document - Fixed Asset Inventory Form

**Department/  
Agency:** \_\_\_\_\_

**P.O. No.** \_\_\_\_\_

**Location/Division:** \_\_\_\_\_

**Vendor/Funding:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Receiver Signature: \_\_\_\_\_

Receiver Printed Name: \_\_\_\_\_

Date : \_\_\_\_\_

Inspector Printed Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

No.	Mfg / Brand	Description	Model No.	Serial No.	Asset Tag No.	Acq Date	Acq Cost	Room No. / Custodian / Notes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

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**Date:** \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

No.	Mfg / Brand	Description	Model No.	Serial No.	Asset Tag No.	Acq Date	Acq Cost	Room No. / Custodian / Notes
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
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