LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Adult and Occupational Education

VOCATIONAL EDUCATION EQUIPMENT INVENTORY

LOCATION CODE _____
SCHOOL/OFFICE _____
PERSON RESPONSIBLE _____
PHONE NO. _____

DATE_____

Items Purchased With VEA (P.L. 98-524) Funds

EQUIPMENT DESCRIPTION-MODEL	EQUIP. I.D. NO.	LEA I.D. NO.	FUNDING SOURCE	ACQ. DATE	ACQ. COST	ROOM OR OFFICE	INTENDED USE OF EQUIPMENT	DATE JUSTIFICATION STMT. PREPARED IF NOT FOR ORIGINAL INTENT	CURRENT EQUIPMENT CONDITION	DATE CHECKED

PLEASE MAIL COPY TO:
TED HIRAYAMA, DIV. OF ADULT AND OCCUPATIONAL EDUCATION, ROOM 411, THIRD ST. ANNEX (SCHOOL MAIL)

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