

TITLE:	Inventory of Student Body Owned Equipment ROUTING Local District
NUMBER:	BUL-6622.0 Operations Admin.
ISSUER:	V. Luis BuendiaPrincipalsControllerSchoolAdministrative
DATE:	November 30, 2015 Assistants
PURPOSE:	The purpose of this Bulletin is to provide procedures for the preparation of the Associated Student Body (ASB) Equipment Inventory.
MAJOR CHANGES	None
INSTRUCTIONS :	I. INTRODUCTION
	On an annual basis, each school's ASB must complete an inventory of student body owned equipment.
	Attached are blank copies of the Inventory of Student Body Equipment for all schools, Attachment A, Form 30.10. This form should be completed by the financial manager of each Secondary or Adult School, and the SAA of each Elementary School, Continuation High School, Opportunity, and Special Education School.
	One completed copy should be submitted by July 31 st of each year to the Auxiliary Services Trust Fund, Beaudry Building, 26 th Floor, and a copy maintained at the school site.
	II. PROCEDURE FOR PREPARING EQUIPMENT INVENTORY
	Include in the equipment inventory only those items over \$500 purchased with student body funds.
	List all ASB equipment by categories as indicated on attachment A, Form 30.10. If necessary, additional pages may be attached to the forms. Please show the total of all equipment on the last page of the attachment.
DUL 6622.0	For Secondary and Adult School, this total should agree with the total of the equipment inventory cards and with the equipment inventory control and reserve accounts. It is suggested that a copy of the original invoice be
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attached to the equipment inventory cards.

III. ASB SELF-INSURANCE FUND FOR THEFTS

Schools must take every precaution to safeguard ASB property. In the past, ASB's were assessed a self-insurance fee to maintain this fund for theft and losses claim, but this practice has been discontinued. Instead the Auxiliary Service Trust Fund now maintains a self-insurance fund to cover losses due to theft for all ASB's. However, when the fund is depleted, claims will no longer be processed.

Claims are paid based on 75% of the purchase price of the equipment and are limited to a maximum amount of \$5,000 less a \$200 deductible. Equipment must be listed on the annual inventory list that is submitted to the Auxiliary Services Trust Fund. Claims must be accompanied by a school police report which includes a detailed description of items stolen and indicates that there were signs of forced entry.

In order to facilitate the processing of claims and claim payments from the Student Body Self-Insurance Fund in case of a loss, and for recovery of stolen property, it is important that the <u>MODEL</u>, <u>SERIAL NUMBER AND</u> <u>DATE PURCHASED</u> are available and are included on the inventory equipment listing. If a piece of equipment has no serial number, please indicate "none" in that column but provide all the remaining information.

IV. DUE DATE

• July 31st of each year.

RELATED Publications 464, 465 and 469.

RELATED RESOURCES:

ASSISTANCE: For assistance or further information please contact your Coordinating Financial Manager.

School:

Fiscal Year:

Category: A thletics

Qty	Item	Location	Make & Model	Serial #	Date Purchased	Durchogod	\$			t Conditio		Person	Signature
					Turenuseu		Amount	Good Bad	Discarded	Stolen	Responsible		
					GRAND '	FOTAL							

	School:												
	Fiscal Ye	ar:											
	Category	: Music											
Qty	Item	Location	Make & Model	Serial #	Date Purchased	Check				t Conditio		Person	Signature
					i ui chușcu	#	Amount	Good	Bad	Discarded	Stolen	Responsible	
					GRAND	TOTAL							

	School: Fiscal Ye											
	Category	: Computer	& Accessories									
Qty	Item	Location	Make & Model	Serial #	Date Purchased	Check #	\$ Amount		t Conditio Discarded	n (X) Stolen	Person Responsible	Signature
					GRAND '	TOTAL						

School:

Fiscal Year:

Category: Office Machines

Qty	Item	Location	Make & Model	Serial #	Date Purchased	Check #	\$			t Conditio		Person	Signature
					1 ur chaseu		Amount	Good	Bad	Discarded	Stolen	Responsible	
					GRAND	TOTAL							

School:

Fiscal Year:

Category: Other Equipment (Furniture, Fixture, Fitting etc.)

	Item	Location	Make & Model	Serial #	Date Purchased	Check	\$	Equ	ipmen	t Conditio	on (X)	Person	Signature
Qty				i urci	r ui chaseu	#	Amount	Good	Bad	Discarded	Stolen	Responsible	
					GRAND	TOTAL							