FES-1000AFORFF (4-06) Contract Inception Annual Inventory End-of-Contract Inventory CONTRACTOR'S NAME (Legal name and DBA "doing business as" name) PHONE NO. DES CONTRACT NO.		ARIZONA DEPARTMENT OF ECONOMIC SECURITY CONTRACTOR'S EQUIPMENT LIST (Capital and Stewardship Equipment Items)				Page	of
		FEI/SSN MAILING ADDRESS (P.O. Box or No., Street, City, State, ZIP) CONTRACT BEGIN DATE CONTRACT END DATE			INVENTORY DATE		
				Acqu.		Total	DES
DES Asset No.	Item Description	Manufacturer	Serial No.	Date	Physical Location	Item Cost	Contract Cos

CONTRACTOR'S NAME (Printed)

TITLE

CONTRACTOR'S SIGNATURE

DATE SIGNED

DES CONTRACT NOTICES PERSON'S SIGNATURE

DES CONTRACT NOTICES PERSON'S NAME (Printed)

PHONE NO.

DES PROGRAM

SITE CODE

DATE SIGNED

Completion Instructions for FES-1000AFORFF CONTRACTOR'S EQUIPMENT LIST

(Capital and Stewardship Equipment Items)

A. Purpose.

To facilitate the inventory control of capital and stewardship equipment purchased with Department contract funds.

B. Completion.

The following sections must be completed by the contractor within 30 days of acquisition of equipment purchased with contract funds and annually thereafter until the contract's termination. At the contract's conclusion date, an end-of-contract inventory is completed. ALL INFORMATION IS TO BE TYPED. All items are self-explanatory except:

CONTRACTOR'S NAME. Enter legal name and DBA (doing business as) name.

FEI OR SSN. Enter the federal employer identification number or social security number as applicable.

DES CONTRACT NO. Enter the contract number through which the equipment was purchased or acquired.

INVENTORY DATE. Enter the date form is prepared.

DES ASSET NO. Leave blank. This number will be entered by the Department. If the Department has previously provided a number, enter it.

ITEM DESCRIPTION. Enter the type of item and model number.

ACQUISITION DATE. Enter the acquisition date of purchased equipment item.

PHYSICAL LOCATION. Enter the address where the equipment is located. Do not use a "P.O. Box" designation.

TOTAL ITEM COST. Enter the total cost of the equipment item.

DES CONTRACT COST. Enter the amount of contract funds used to acquire the item.

CONTRACTOR'S SIGNATURE. The individual delegated authority for the inventory control must sign the form.

Shaded area is to be completed by DES staff.

C. Routing.

The contractor submits the form to the DES Program Division/Administration Contract Unit within 30 days of the acquisition of the item and annually thereafter. Upon receipt, the DES Program Division/Administration will forward the completed form to the Fleet and Equipment Services Unit, DBF, at site code 812Z-1.

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