



**CITY OF EPHRATA**  
**ASSET CONTROL FORM**

ASSET ID NO \_\_\_\_\_ GRANT SOURCE \_\_\_\_\_  
(assigned by Finance office) (applies to items purchased with grant funds)

DATE OF PURCHASE \_\_\_\_\_

ASSET DESCRIPTION \_\_\_\_\_

MODEL NO \_\_\_\_\_ S/N \_\_\_\_\_

LOCATION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

VENDOR NAME/ADDRESS \_\_\_\_\_

PURCHASE AMOUNT \_\_\_\_\_ PURCHASE ORDER NO \_\_\_\_\_

ESTIMATED LIFE \_\_\_\_\_

\_\_\_\_\_

Signature of Department Head