

**SUMMIT EDUCATIONAL SERVICE CENTER
EMERGENCY ASSISTANCE TO NONPUBLIC SCHOOLS (EANS)**

RECEIPT OF GOODS / SERVICES

School Name: _____ School IRN: _____

Vendor: _____

Invoice #: _____

Invoice Amount: _____

We have received the items or service indicated on the invoice listed above. We recognize that items purchased, not including consumables, are the property of the Ohio Department of Education and a request for their return may be made in the future. These items are not permanently affixed to our property.

Authorized Signature: _____

Date: _____

ASSET INVENTORY

Asset Number	Asset Description	Serial Number