Date:

Room:

Item:

 Manufacturer:

 Serial Number:

 Value $ :

 Receipt: Yes or No Owner’s Manual: Yes or No

Item:

 Manufacturer:

 Serial Number:

 Value $ :

 Receipt: Yes or No Owner’s Manual: Yes or No

Item:

 Manufacturer:

 Serial Number:

 Value $ :

 Receipt: Yes or No Owner’s Manual: Yes or No

Item:

 Manufacturer:

 Serial Number:

 Value $ :

 Receipt: Yes or No Owner’s Manual: Yes or No