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| **ANNUAL GROUP PROPERTY / INVENTORY REPORT** |  |
|  |  |
| Master Gardener [ ]  4-H [ ]  |  |
|  |  |
| **Date****Acquired** | **Item Description****(Include serial number)** | **Dollar Value** | **Storage****Location** | **Notes** |  |
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| **Disposal Date** | **Item Description** | **Proceeds** | **Sold to** | **Notes** |  |
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| We hereby certify that this is a correct list of equipment/inventory over $500 belonging to: |  |
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| Group Name  |       |  |  |  |  |
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|       |  |       |  |
| Treasurer |  | Date |  |
|  |  |  |  |
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|       |  |       |  |
| President |  | Date |  |
|  |  |  |  |
|  | Send to: | Office of CFOUACES2301 South University AveLittle Rock, AR 72204 | Complete within 60 days after financial year end and provide copy to County Extension Office. |
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