

Returned/Valuation Educational Resource Item(s)

Date: _____ Learner's Name: _____

Address: _____

Phone Number: _____ Name of RC: _____

Inventory Sticker Number (if applicable): _____

Description of Item(s):

The Learner has decided to:

- Purchase this Educational Resource item from the VISION Program for the amount determined on this worksheet.
- Return this Educational Resource item to the VISION Program.

Item(s) were received in:

_____ Good Condition _____ Fair Condition _____ Poor Condition

Valuation Section (if applicable)

Original Receipt Value: \$ _____

Current Value/Purchase Price: \$ _____ (depreciated values are determined by the Program Tech Coordinator and Valuation Procedure).

There are no finance plans available, therefore, all purchases must be paid in full.
All items purchased will have been used within the program for a minimum of three years prior to being eligible for purchase.

Learner Signature: _____ Date: _____

Parent Signature: _____ Date: _____

RC Signature: _____ Date: _____

IT Personnel: _____ Date: _____