Physical Education Equipment

SCHOOL: ______________________________CLASSROOM/ROOM: ______________________________________

Directions: List only school-owned equipment. Indicate if item was new or used when obtained. If purchase cost is unknown, estimate and put an * by the amount. Keep one copy in the school file and give one to the school treasurer or school board chair, **AND** one to the TXOE.

					Quantity:				
Type of Equipment	**Manufacturer**	**Date of Purchase**	**Cost**	**New/Used**	________ **Year**	________ **Year**	________ **Year**	________ **Year**	________ **Year**