

**PRODUCTIVE LIVING BOARD  
EQUIPMENT ADDENDUM  
FISCAL YEAR \_\_\_\_\_**

**AGENCY NAME:** \_\_\_\_\_ **PLB PROJECT NAME** \_\_\_\_\_

**PLB PROJECT/COMP NO:** \_\_\_\_\_ **PLB INVOICE BILLING DATE:** \_\_\_\_\_ **PLB VOUCHER NUMBER:** \_\_\_\_\_

**ADDRESS OF PROPERTY:** \_\_\_\_\_

	Item 1	Item 2	Item 3
Make			
Model			
Property Description			
Serial #			
Color			
Acquisition Date			
Acquisition Cost			
PLB Cost			
Replacement (Yes/No)			
PLB Control ID of Replaced Item			

**AGENCY STAFF NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_ **EXTENSION:** \_\_\_\_\_