Inventory of equipment and assets with a value in excess of £100

Please keep your inventory up to date and send details of any additions or deletions to Central Office. This will ensure that your equipment is covered by the Fellowship insurance

|  |  |  |
| --- | --- | --- |
| **Item** | **Date / Year purchased** | **Replacement cost** |
|  |  |  |
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Branch contact name……………………………………………………………… Telephone no. or email address……………………………………………………

Please return this form to:

Sherry Smith, NHS Retirement Fellowship, Weymouth Community Hospital, Melcombe Avenue, Weymouth DT4 7TB

or email the information to [info@nhsrf.org.uk](mailto:info@nhsrf.org.uk)