

INVENTORY FORM

DELETE _____

RELOCATE _____

ADDITION _____

Property Number _____

Description _____

Model Number _____

Serial Number _____

Deleted/Relocated Date _____

Item to be **LOCATED**:

Building _____ Room _____

Item to be **DELETED** from:

Building _____ Room _____

Reason for relocation or deletion: _____

Person requesting deletion: _____

Superintendent's approval: _____

(Permission must be given before any item is moved or disposed.)

RETURN THIS FORM TO ADMINISTRATION OFFICE