

# REMOVE FROM INVENTORY

Complete form and send to Elizabeth Guerrero-Miller, Administration Bldg.

Date: \_\_\_\_\_

FISD Tag Number \_\_\_\_\_

Description of Item \_\_\_\_\_

Value (to be filled in by Inventory Dept.) \_\_\_\_\_

Reason for Disposal \_\_\_\_\_

\_\_\_\_\_

Method of Disposal \_\_\_\_\_

Requested by \_\_\_\_\_

Approved by \_\_\_\_\_

Administrator Signature