

Magoffin County School District  
Asset Adjustments

Date: \_\_\_ School Name \_\_\_

FAI-3

Action Code	Asset # (Bar Code)	Asset Description	Serial Number	From Location/ Room #	To Location/ Room #	PO #	Price Paid
A							
A							
A							
A							
A							
A							
A							

Action Codes:

A - Add

T - Transfer

R - Removal/Return \*

Released By: \_\_\_\_\_ Administrator \_\_\_\_\_ Date \_\_\_\_\_

Location: \_\_\_\_\_

Received By: \_\_\_\_\_ Administrator \_\_\_\_\_ Date \_\_\_\_\_

Location: \_\_\_\_\_

- 
- \* Documentation to support removal from inventory must be attached, i.e. Police Report, credit invoice, etc.

RETURN FORM WITH PURCHASE ORDER, PACKING SLIP AND INVOICE TO KIM PATRICK