

NEWTON MUNICIPAL SCHOOL DISTRICT



205 School Street
Newton, MS 39345

REQUEST FOR ASSET REMOVAL FROM INVENTORY

TO: Property Manager

FROM:

(Employee's Name)

DATE:

It is requested that the following item for which I am currently responsible be removed from the district inventory.

Description of Item

Serial Number

Inventory Number

Destroyed

Jammed

Stolen

(Complete form 2)

Sold for \$ _____

Error

Other

Reason for removal:

(Employee Signature)

Removal Authorized by _____

Date _____

(Property Manager)

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Notary Public