INVENTORY REPORT FOR
FURNITURE/EQUIPMENT DISPOSALS

SITE: _____

SITE ADMINISTRATOR'S NAME (please print): _____

SITE ADMINISTRATOR'S SIGNATURE: _____ DATE: _____

ASSET ID#	ITEM DESCRIPTION	MFR	MODEL	SERIAL#	REASON FOR DISPOSAL (Choose From List Below)

INSTRUCTIONS FOR COMPLETING FORM:

1. Include the Asset ID# for each item.
2. List one item per line.
3. List reason for disposal (scrapped/destroyed, stolen/vandalized, obsolete (no longer used).
4. Attach bar code label.
5. Return this form to the Dept. of Fiscal Services.