

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

Junked

Stolen
(Complete form 2)

Sold for \$ _____

Error

Other

Reason for removal: _____

(Employee Signature)

Removal Authorized by _____ Date _____

(Property Manager)

