

TRAVIS UNIFIED
SCHOOL DISTRICT



Request to Remove Equipment

Please only submit one form per job/request Date Submitted _____

Item(s) to be moved _____
Date Required _____
Move from: _____ To: _____
Reason for move: _____
Equipment (Circle One): Working Not Working
Make/Model: _____
District Asset Tag: _____
<input type="checkbox"/> Additional List Attached
Requested By: _____ Approved By: _____
Send Completed form to Ana Martinez- Warehouse Manager Amartinez@travisusd.org
Authorization of Warehouse Manager: Signature: _____ Date: _____
Warehouse Delivery Driver: _____
Final Notes: _____ _____ _____

Additional Instructions: _____
