

**GULFPORT SCHOOL DISTRICT  
REQUEST FOR INVENTORY DELETION**

Control #: \_\_\_\_\_ Item Name: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Location: \_\_\_\_\_  
(Room #, Library, Personnel Name)

School/Dept: \_\_\_\_\_

Reason for deletion: (circle)

- (1) Theft/vandalism (Attach police report)
- (2) Out-dated
- (3) Damaged-cost of repair excessive
- (4) Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature – Staff Member’s Equipment

\_\_\_\_\_  
Signature - Inventory Specialist

\_\_\_\_\_  
Signature - Principal/Dept. Head

\_\_\_\_\_  
Signature - Technology

After completion of above information, copy, send original to Finance Department for processing.

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Date Board Approved  
Disposition of Property \_\_\_\_\_

Date Removed  
From School/Dept: \_\_\_\_\_

\_\_\_\_\_  
Signature - Inventory Specialist (CO)

\_\_\_\_\_  
Signature - Staff Member Removing Equipment