Distribution Inventory Deletion/Relocation Form

Distribution Center
224 S. Aransas Mathis, TX 78368

rhuerta@mathisisd.org ktrevino@mathisisd.org

Request Date: _____

PLEASE MARK THE TYPE OF REQUEST:

_____ Relocation **_____ Deletion**

To Campus/Location: _____

From Campus/ Location: _____

Requesting Employees Name: _____

Administrators Approval: _____

QTY	DESCRIPTION
1	MISD Tag#: _____ Model#: _____ Serial #: _____
	Description:
1	MISD Tag#: _____ Model#: _____ Serial #: _____
	Description:
1	MISD Tag#: _____ Model#: _____ Serial #: _____
	Description:
1	MISD Tag#: _____ Model#: _____ Serial #: _____
	Description:
	Reason for Deletion or Relocation:

Received By: _____ Date: _____
(Employee Name)

Delivered By: _____ Date: _____
(DC/Maintenance Employee)

Accepted By: _____ Date: _____
(DC Employee)