NAME:	DATE:

PART "A" - INVENTORY DISPOSAL FORM

ITEM DESCRIPTION	White/Red TAG #	Serial #	Room #	Reason for Disposal	Approved Principal/Supt	Date Board Approved

PART "B" - INVENTORY LOCATION CHANGE FORM

ITEM DESCRIPTION	White/Red TAG #	Serial #	Old Room #	New Room #		

Please return completed form to Treasurer's Office