

ASSET REMOVAL FORM

DATE: _____

LOCATION: _____

PRINCIPAL/DIRECTOR SIGNATURE: _____

QTY	ASSET BARCODE	ITEM DESCRIPTION	(IF NO BARCODE) SERIAL	ROOM	REASON FOR DELETION	OFFICE USE ONLY			
						TRANSFER FOR RE-USE		(IF APPLICABLE) BOARD APPROVAL	REMOVED FROM F/A SYSTEM
						CAMPUS	ROOM		

LOT # _____

AUCTION # _____