SMACKOVER-NORPHLET PUBLIC SCHOOLS
INVENTORY TRANSFER/REMOVAL FORM

Type of Request: Transfer or Removal

Date: _____

Person Requesting an Inventory Transfer/Removal: _____

Description of item(s) to be transferred or removed:

Reason why the transfer or removal is being requested:

_____ _____ _____ _____
Signature of Requestor Date Signature of Building Principal Date

If transfer is requested between campuses: _____ _____
Signature of Receiving Principal Date

Submit this form to the District business office with the following mandatory information completed so the inventory can be officially corrected.

Item #1:

Asset ID	Description	Serial Number	Present Location	Proposed Relocation

Item #2:

Asset ID	Description	Serial Number	Present Location	Proposed Relocation

Item #3:

Asset ID	Description	Serial Number	Present Location	Proposed Relocation

_____ _____
Date Inventory Correction Made Signature of Business Manager or Designee

A copy of this completed form must be kept with the building inventory both in the Central Office and the appropriate building(s).

COMPLETE THIS SECTION ONLY IF THE ITEM IS TO BE REMOVED FROM INVENTORY:

_____ _____
Date removal approved by School Board Signature of Superintendent

Method of Disposal: _____ Resold by competitive bid; _____Recycled;
_____Appropriately Destroyed; _____ Donated to eligible group or individual