

**RECORD OF DELETION
INVENTORY**

Please complete one form for each item deleted from inventory.

Teacher _____

Room # _____ Building _____

Date _____

Item deleted from your inventory: _____

Was the item discarded or moved to another location? _____

If the item was discarded, who discarded it? _____

Reason for discarding the item: _____

If the item was moved to another location, where was it moved to and why? _____

Deletion approved by: _____
Building Principal Date

Please return this completed form to the Superintendent's Office.

Approved _____
Superintendent Date