Office Use Only:	Date entered:	Entered by:
Office obe office.	Date circica.	Elitered by:

Alabaster City Schools Fixed Asset / Inventory

Deletion Form

Date				
☐ Multiple Item Deletion	e Item Deletion Listing" Form			
Enter multiple item form number <u>AFTER</u> form is	printed			
Form Number Number of items Listed				
Single Item Deletion				
ACS BAR CODE NUMBER	PROPERTY OF			
Description of Item: Model#	101388			
School Asset ID Number				
Serial Number	_ (Required)			
School				
Current Location (Room Number)	_			
Reason for Deletion: BROKEN OBSOLETE STOLEN OTHER				
Method of Disposal: SALE SALVAGE	RECYCLE			
Details of Disposal Method:				
Principal or Department head Signature:				
Name and Contact info of person filling out this form:				
Name	_			
Telephone Number	_			
Email	acsboe.org			
NOTE: Must have board approval prior to disposing of any property/equipment.				
Date of Board approval				

Send original form with signature to the Central Office. ATTN: INVENTORY Keep a copy for your records.

Form: 081717