

OPP CITY SCHOOLS - DISPOSITION / TRANSFER OF INVENTORY

TRANSFER REQUEST

SCHOOL / SITE LOCATION _____

FIXED ASSET / INVENTORY CONTROL NUMBER _____ DESCRIPTION _____

CHANGE TO BE MADE:

() LOCATION: _____
FROM PRESENT LOCATION TO NEW LOCATION
SCHOOL OR CLASSROOM SCHOOL OR CLASSROOM

QUANTITY: _____ SERIAL # OR DESCRIPTION _____

DISPOSITION REQUEST

WE ARE REQUESTING PERMISSION TO DISPOSE OF THE ABOVE ITEM(S) BECAUSE:

- () THE ITEM IS BEYOND REPAIR / TO BE SCRAPPED
- () MISSING / STOLEN
- () OTHER - _____

PERMISSION GRANTED TO DISPOSE OF OR REMOVE THE ABOVE ITEM(S) IN THE FOLLOWING MANNER:

DATE _____ PRINCIPAL _____

CENTRAL OFFICE APPROVAL _____

DONATED ITEM - PLEASE ASSIGN INVENTORY CONTROL NUMBER

DESCRIPTION: _____ MODEL _____

SN # _____ SCHOOL/ROOM#/TEACHER _____

DONOR _____ SIGNATURE _____

DATE _____