

FURNITURE/EQUIPMENT TRACKER

DATE _____

SCHOOL NAME _____ ROOM# _____

MAKE _____

MODEL _____ SERIAL# _____

MOVE FROM RM# _____ TO RM# _____

MOVE FROM BLDG. _____ TO BLDG. _____

VALUE \$ _____

SIGNATURE _____ TITLE _____

DATE _____

This form must be turned into the Inventory Control Officer and a copy sent to the Business Manager at the time of the move.

cc: Inventory Control Office
Business Manager

FURNITURE/EQUIPMENT DISPOSAL

DATE _____

SCHOOL NAME _____ ROOM# _____

TYPE OF FURNITURE/EQUIPMENT _____

QUANTITY _____

*DISPOSAL OF FURNITURE/EQUIPMENT _____

VALUE \$ _____

SIGNATURE _____ TITLE _____

DATE _____

This form must be turned into the Inventory Control Officer and a copy sent to the Business Manager at the time of the disposal.

cc: Inventory Control Office
Business Manager

***If value is over \$500 – Board Approval is needed. Date of Approval: _____**