

REQUEST FOR DELETION OF ASSETS

Greenland School District

Greenland, Arkansas

School Department: _____ Program/Location: _____

Description of Equipment: _____

Inventory ID Number: _____ Serial Number: _____ Initial Cost \$ _____

Reason for Requesting Deletion:

Suggested Method of Disposal:

Request Submitted by: _____

Signature of Principal or Supervisor

_____ Date

_____ Approved by _____

Superintendent's Signature

_____ Date

_____ Disapproved by

Comment:

