Inventory Deletions -

Agency: _____
Request: _____

Prepared By:

Agency Name

Name / Title

Date

Agency/Institution

Name / Title

Name / Title

Name / Title

Disposal

Reason for Disposal:
(Include P1 number if trade-in transaction

Asset Num	Location	Class Description	Serial Num	Make	Disp Date	Cost	Proceeds

Total Cost:
Total Proceeds:
Total Number of Assets:

This is to certify that this is a true report of inventory and/or inventory changes.

Agency Signature _____

For disposals of state-owned equipment only, specify the names and addresses of recipients of items being disposed: (In Protege, all documents required for the disposal method choen must be attached to eah asset being disposed)

Salvage

Name **Date**

Name **Date**

Name **Date**

Office of Purchasing, Travel and Fleet Date

State Property Office Date