

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
New/Moved/Disposal Inventory Form**

Rev. 12/2011

Date _____

<input type="checkbox"/> <u>NEW EQUIPMENT</u> Name: _____ Location: _____ Rm # _____	<input type="checkbox"/> <u>EQUIPMENT MOVED</u> To: _____ From: _____
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				(For Office Use Only)								
TAG#	ITEM DESCRIPTION	SERIAL #	MODEL #	COST	P. O. #	DATE	CHECK#	FUND	FUNC	OBJ	SPCC	GAAP

DISPOSAL REQUEST

ITEM DESCRIPTION	TAG #	WCESC /COMM	SERIAL #	MODEL #	COST	Fund/Func/Obj/Spcc

COMPLETE FOR DISPOSAL REQUESTS ONLY *(Please forward to your supervisor for signature)*

Requested By: _____
 Reason for Disposal: _____
 Method of Disposal: _____
 Signature of Supervisor: _____
 Signature of Treasurer: _____
 Bd. Approval: _____

If sold for scrap, amt. rec'd.: _____
 Entered: _____
 Tagged: _____
 Budled: _____
 Date deleted: _____