ABILENE INDEPENDENT SCHOOL DISTRICT
CAPITAL ASSET
RELOCATION/REMOVAL FROM INVENTORY FORM

RELOCATION OF INVENTORY	REMOVAL FROM INVENTORY
From Campus: _____ Dept: _____ To Campus: _____ Dept: _____ or From Dept: _____ To Dept: _____	From Campus _____ Item is going to: Auction ☐ Returned to Vendor ☐ Other: Note: Item must be picked up by warehouse unless stolen, then attach Burglary/Vandalism Report.

Date: _____ Signature of Warehouseman _____

List all items relocated or removed from inventory:

# of Units	Description	Serial #	AISD Tag #	Condition Of Asset*

Remarks: _____

_____

_____

Date: _____ Principal/Director Approval: _____

ACCOUNTING ONLY:

Capital Asset Entry Date:	Initials: _____

*Condition of Asset

E-Excellent

G-Good

F-Fair

P-Poor

Original-Accounting Yellow-Campus Pink-Warehouse