



## AVON LOCAL SCHOOLS Inventory Disposal Form

Please remove the following items from the District Inventory:

Date:	Building:
Person Completing Form (print name and sign):	

Tag #	Item Description	Model #	Serial #	Reason for Disposal	Recommended Disposal Method (*) Check One
					H    T
					H    T
					H    T
					H    T
					H    T
					H    T
					H    T

\* - HS – Hold for Sale or T – Throw Away

Routing Information		
	Date	Initials
<b>Form Completed By:</b>		
<b>Principal/Supervisor:</b>		
<b>Superintendent:</b>		
<b>Treasurer:</b>		