# EQUIPMENT DELETION FORM

## Putnam County Board of Education

**(SUBMIT TO INVENTORY CONTROL OFFICER)**

NOTE: ITEMS TO BE DELETED FROM THE INVENTORY DATABASE MUST BE PROPERLY AUTHORIZED FOR DELETION. THIS MAY ENTAIL COMPLETION OF A PROPERLY ENDORSED SURPLUS PROPERTY DISPOSAL FORM (SPDF). IF YOU HAVE RECEIVED AUTHORIZATION VIA THE SPDF, THIS FORM MAY NOT BE NECESSARY.

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**SCHOOL/FACILITY: _____CAMPUS NO._____ DATE: _____**

**NAME OF PERSON COMPLETING THIS FORM:_____**

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**BARCODE ROOM NO.(LETTER & NUMBER)_____ ROOM NAME _____**

**DESCRIPTION_____**

**MANUFACTURER_____ MODEL NO._____**

**SERIAL NO._____ PCDE BARCODE NO._____**

**EXPLANATION FOR DELETION FROM DATA BASE. IF A POLICE REPORT WAS FILED, PLEASE ATTACH.**

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**BARCODE ROOM NO.(LETTER & NUMBER)_____ROOM NAME _____**

**DESCRIPTION_____**

**MANUFACTURER_____ MODEL NO._____**

**SERIAL NO._____ PCDE BARCODE NO._____**

**EXPLANATION FOR DELETION FROM DATA BASE. IF A POLICE REPORT WAS FILED, PLEASE ATTACH.**

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**THE ABOVE ITEM(S) HAVE BEEN PROPERLY AUTHORIZED FOR DELETION FROM THE INVENTORY DATABASE.**

_____ _____ _____

**PRINCIPAL/SUPERVISOR DATE DIRECTOR OF SCHOOLS DATE**

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**FOR INVENTORY CONTROL USE: Deletion Date ____/_____/_____**

**NOTES:** _____

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**INVENTORY CONTROL CLERK DATE**

**DS 10/02**