Board of Education Independent School District #2
Property/Equipment Tracking For Inventory

Delivery: _____

Transfer: _____

School:_____ **Disposal:** _____

Other: _____

Tag #	Description	From Room#	To Room #	Serial #	Date Moved

REASON FOR DISPOSING/MOVING:

_____

_____

_____

DELIVERED BY:_____**DATE**_____

RECEIVED BY:_____**DATE**_____

THIS FORM MUST BE FILLED OUT WHENEVER ANY SCHOOL ITEM IS MOVED IN OR OUT OF <u>ANY</u> CLASSROOM OR OFFICE! THIS WILL HELP TO ENSURE A MORE ACCURATE INVENTORY FOR OUR DISTRICT.

RETURN THIS PAPER TO OFFICE WHEN COMPLETED.