INVENTORY LOCATION CHANGE FORM

NOTE: This form MUST be completed whenever equipment is moved — even room to room at the same site.

Equipment Description: ________________________________________________________________

Department: _____________________________ Red River Inventory Tag # ________________

Model # _____________________________________ Serial # __________________________

ORIGINAL LOCATION:

School/Site: ___________________________________________________________________

Location/Room: ________________________________________________________________

MOVED TO:

School/Site: ___________________________________________________________________

Location/Room: ________________________________________________________________

SIGNATURES:

Moved by: _____________________________________________ Date:___________________

Received by: ___________________________________________ Date:___________________

Send completed form to the appropriate department for inventory record update and then forward to the Business Manager at the Central Office.

_____ Special Education, Karen Squires  _____ Title I, Aron Jackson
_____ Technology, Carey Prosperie  _____ Other, __________________________________

INVENTORY RECORD UPDATED:

Departmental Record Date: __________________ Signature: ____________________________

Central Office Record Date: ________________ Signature: _____________________________