Adair County School District

INVENTORY RELOCATION FORM

Staff Name: _____ **Date:** _____ **Page** _____ **of** _____

Asset Tag Number	Serial Number	Description	Manufacturer	Model Number	Current Location	Current Room Number	New Location	New Room Number	New Staff Assignment

Reason for Inventory Relocation: _____

_____

_____

_____

_____

Supervisor Signature: _____ **District Technology Approval:** _____

Date: _____ **Date:** _____