

*Adair County Schools*  
**Surplus Inventory Form**

School/Location: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name	Room # (Location)	Item (Including Brand/Model)	Inventory Tag #	Serial Number #

By signing below, I authorize for this equipment to be sent to surplus or discarded. This equipment is no longer repairable or usable by staff at my building location.

\_\_\_\_\_  
 Building Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Central Office Administrator

\_\_\_\_\_  
 Date

Date Board Approved: \_\_\_\_\_