

ARKANSAS CORRECTIONAL SCHOOL

REQUEST FOR INVENTORY TRANSFER OR DELETION

DATE _____

TRANSFER FROM _____ UNIT
TO _____ UNIT
DATE OF TRANSFER _____
INVENTORY NUMBER _____
ITEM MAKE/MODEL _____
ITEM SERIAL NUMBER _____
REASON FOR TRANSFER _____

DELETION FROM _____ UNIT
DATE OF DELETION _____
INVENTORY NUMBER _____
ITEM MAKE/MODEL _____
ITEM SERIAL NUMBER _____
REASON FOR DELETION _____

SUBMITTED BY

APPROVED BY