

Arkansas Correctional School

Request for Inventory Transfer, Deletion or Replacement

For Office Use
Date Rec'd _____
Date Entered _____

Transfer From _____ To _____

Date of Transfer _____ Inventory Number _____

Item Make/Model _____

Item Serial Number _____

Reason for Transfer _____

Delete Location _____ Date of Deletion _____

Inventory Number _____

Item Make/Model _____

Item Serial Number _____

Reason for Deletion _____

Replace Location _____ Date of Replacment _____

Inventory Number _____

Old Item Make/Model _____

Old Item Serial Number _____

New Item Make/Model _____

New Item Serial Number _____

Reason for Replacement _____

Submitted By

Approved By