

For Office Use
Date Rec'd _____

Arkansas Correctional School

Request for Inventory Transfer, Deletion or Replacement

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 _____

Submitted By **Approved By (2 signatures required)**