INVENTORY CONTROL FORM

Must Fill Out Completely!!!!!

Item: _______________________________________  Asset Tag #:
______ (item will NOT be moved without a tag #, if there is no tag #
__________________________________________
forward form to MO BOCES, Norma Stehnach in CBO (361-5833)

Serial #: __________________________________

Current Location (Building, Room#): _________________________________

Person responsible for equipment: ____________________________

To relocate an item: If you have a new location for this item fill out section A completely and send to
MO BOCES, Charlene Netzband in Building Services.

OR

For unneeded equipment: If you do not want this equipment fill out section B completely and send
to MO BOCES, Norma Stehnach in CBO.

Section A:

RELOCATION OF A USEABLE ITEM

New Location (Building, Room#):
__________________________________________

Who should be contacted to arrange the relocation?

Name: _____________________________________
Phone: _____________________________________

Director’s Signature:
_____________________________________
Date: ___________________

Below section for Building Services ONLY:

Date Moved: __________________

Moved By: __________________

Section B:

UNNEEDED EQUIPMENT

☐ Still useable
☐ Needs repair, but useable
☐ Outdated, broken, not useable
☐ Condition of equipment (be specific):

______________________________
______________________________

If an item is unneeded, do not move the item to a
different location until authorized to do so. Do not call the
RIC to remove unneeded computer equipment.

Director’s Signature:
_____________________________________
Date: ___________________

For Trade-In/Bid Office ONLY:

PO #: ____________________________  Bid#: ____________________________

For inventory control use only:

☐ Swap Sheet: ____________________________  ☐ Board Approval Date: ____________________________
☐ Excess-No Value: ____________________________  ☐ O & M: (Authorization) ____________________________
☐ Tag Sale/Trailer: ____________________________  ☐ Other: ____________________________

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