

Document Control #: _____

San Miguel County

Property/Equipment Deletion Form

1. Department: _____

2. Vendor: _____

3. Date of Purchase: _____

Inventory #:	Item:	Status:	Reason For Removal:

Status Key: Good, Bad, Obsolete, Stolen

5. I CERTIFY THAT THE ABOVE ITEMS ARE READY TO BE COLLECTED AND REMOVED FROM SAID INVENTORY.

Signature of Department Supervisor/Elected Official: _____ Date: _____

Checked & Picked Up By: _____	
Fixed Asset Inventory Clerk: _____	Date: _____

** Please attach SMC Inventory Tag with Deletion Form**