## College Station Independent School District **ASSET DELETION REQUEST**

	eletion Requ 990 and under		echnology (Printer		Deletion F s, copier, e	
Organization/	Campus:					
Deletion Requested By:		(Signature of Person Requesting)		Date:		
Deletion Approved By:		(Signature of Org. Admin., Principal, AP, or Director)		Date:		
Deletion Supervised By:		(Signature of Property Mgr.: Purchasing Director)		Date:		
CSISD Tag#	No. of Items	Description/Manufacturer/Model # of Items	Seri	al #	Room No.	Delete Code*
Include details about the item(s). Metal, wood, color, # shelves, approx. dimensions, etc.						
* Delete Code:  R   Scrap/Not Usable   B   Bur					ırv	
S1 Sa		Sale/Good Condition/Working Sale/Poor Condition/Needs Repair	D T	Burglary Disassembled for Parts Trade-In		
		Return to Warehouse/Good Condition/Usable	X	Unknown/Cannot Locate		
Received by Warehouse Supervisor: Date					e:	