

**REQUEST TO REMOVE ITEMS OF EQUIPMENT FROM  
SPECIAL EDUCATION INVENTORY**

AGENCY: \_\_\_\_\_ LEA# \_\_\_\_\_ DATE: \_\_\_\_\_

**Please indicate the grant with which the equipment was purchased:**

\_\_\_\_\_ **VI-B** \_\_\_\_\_ **Preschool** \_\_\_\_\_ **State Equalization** \_\_\_\_\_ **Medicaid** \_\_\_\_\_ **Other** \_\_\_\_\_

ID#	ITEM DESCRIPTION	DATE BOUGHT	TOTAL COST	FED FUNDS	STATE FUNDS	WHY*	HOW**

**\*WHY REMOVE FROM INVENTORY**

1. Worn out beyond repair.
2. Obsolete, out-of-date.
3. Activity for which purchased no longer supported by grant.
4. Activity for which purchased no longer offered by this LEA.
5. Stolen.
6. Improperly listed as equipment.
7. Other: Explain \_\_\_\_\_

**\*\*HOW REMOVE FROM INVENTORY**

- A. Dispose of as junk.
- B. Trade in on new item.
- C. Transfer to \_\_\_\_\_
- D. Sell at auction.
- E. Sell at fair market value.
- F. Reported to police on \_\_\_\_\_ .
- G. Delete from inventory.
- H. Other: \_\_\_\_\_ .

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**CERTIFICATION OF REQUEST**

I certify that the above item or items are no longer needed or usable for the grant, and the information is correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name and Title of Authorized Person

\_\_\_\_\_  
Signature of Authorized Person

Other comments by LEA: \_\_\_\_\_

This document should be kept on file for at least five (5) years after removing property from inventory.

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**FOR ADE USE ONLY**

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

\_\_\_\_\_  
Administrator – Grants & Data Management

\_\_\_\_\_  
Date