



101 East Third Street
 Greensboro, Georgia 30642
 706-453-7688

Dr. Chris Houston, Superintendent

Verification of Inventory Disposition

1. Facility/Location(s) _____
2. List the type/description of equipment or attach a detailed list _____
3. Program(s)/Funding Source(s): _____
4. Reason for disposal—including but not limited to: obsolete, not repairable, or damaged:

5. Type of disposal/how were items disposed: _____
6. *If items were turned over to a company for disposal, list the name of the company and the company representative, and obtain the signature of the representative on the line below.*

Name of Company	Name of the Representative	Signature
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Notes: _____

Disposed by (Signature & Title/Position)	Date
Witnessed by (Signature & Title/Position)	Date
Witnessed by (Signature & Title/Position)	Date

District 1 Steve Kilgore	District 2 Joe Bashore	Chairman G. Michael Lynch	District 3 Clarence Hunt, Jr.	District 4 Perry Lee
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