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Education Service Center, Region 2  
Fixed Asset - Tagging Form

# Delete Item

Tag Number \_\_\_\_\_

Date \_\_\_\_\_

Please use the Calendar that is attached

Detailed Description

Reason for Deletion

Catalog Number \_\_\_\_\_ (Select the best category your item will fit in)

Serial # (if applicable) \_\_\_\_\_

Room Number \_\_\_\_\_ (This is where the item is housed)

Department \_\_\_\_\_

Person Responsible for item \_\_\_\_\_

# of Units \_\_\_\_\_ (Please enter the number of units that pertain to this form)

Originator Signature: \_\_\_\_\_

Date: \_\_\_\_\_