AG-302 (07/15)

RESET FORM

Texas A&M AgriLife
Administrative Services - Property

# INVENTORY DELETION REQUEST

☐ **06 – AgriLife Research** Agency #556

☐ **07 – AgriLife Extension Service** Agency #555

☐ **20 - TVMDL** Agency #557

AGENCY REFERENCE NUMBER *FOR TEXAS A&M AGRILIFE PROPERTY OFFICE USE ONLY*

DATE _____

| ASSET NUMBER | ITEM DESCRIPTION | ACQ. DATE | ASSET VALUE | CAUSE FOR REMOVAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Items listed as broken beyond repair, worn out, rusted out, burned out, etc., have been removed from the area where they were used, and upon approval of this request, any unusable parts or materials will be salvaged; the identifying inventory numbers will be destroyed; and the property handled and disposed of so as to preclude any chance of a future question as to whether or not it should be carried on the inventory.

I certify that the cause for removal as stated hereon is true and correct to the best of my knowledge and belief.

_____
Unit Name and Code

_____
Officer in Charge

*TO BE SIGNED BY AGRILIFE PROPERTY OFFICE*

Property Administrator