

**CHAZY CENTRAL RURAL SCHOOL
MOVEMENT/DISCARD FORM**

CCRS Tag #	Item Description	Quantity	Serial # (if applicable)	Room # or area disposed from (if applicable)	Room # or area disposed from (if applicable)	Disposition of item & reason	Date
Employee's Signature:				Date:			

Superintendent/Business Manager Signature	Date
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Maintenance Supervisor's Signature	Date Item(s) Received/Discarded
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Date Form Returned to Business Office
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