

**DISCARD
EQUIPMENT**

JOHNSON CITY SCHOOLS

TO: _____ JOY BAKER, RISK MANAGER, CITY OF JOHNSON CITY

_____ LEIA VALLEY, SUPERVISOR OF FINANCE, JOHNSON CITY SCHOOLS

FROM: _____ PRINCIPAL

_____ LEIA VALLEY, SUPERVISOR OF FINANCE, JOHNSON CITY SCHOOLS

DATE: _____

SUBJECT : REMOVE THE FOLLOWING EQUIPMENT FROM INSURANCE : _____

_____ SCHOOL/DEPARTMENT
JOHNSON CITY SCHOOLS

PLEASE REMOVE THE FOLLOWING EQUIPMENT FROM THE INSURANCE COVERAGE LIST				
BARCODE	ITEM DESCRIPTION & BRAND NAME	SERIAL #	AMOUNT	DATE OF DISCARD

SIGNATURE OF PRINCIPAL/SUPERVISOR

LEIA VALLEY, SUPERVISOR OF FINANCE

