TITLE I EQUIPMENT DEPRECIATION RECORD

For Equipment to be Deleted from the Last Complete Inventory

LEA: _____

County/District Number: _____

Signature of Person Certifying Accuracy of This Report: _____
Signature Title

Date of Submission: _____ Date of SEA Approval: _____

Date Acquired	Description of Equipment	Quantity	Cost			Location of Equipment
			Original	Adjust	Total	