Fill in Local Agency Name here

NH WIC INVENTORY DISPOSITION FORM

Program:			
Location:	Town /City	7in Codo	Talankana Musakan
Street Address	,	,	Telephone Number
Description:			
Make:	Mod	el:	
Serial Number:	Тад	Number:	
Fauinment was: Transfe	rred Renurno	sed Disnosed	Date:
			<u> </u>
Reason:			
New Location: Street Address	 Town/City	 Zip Code	 Telephone Number
Street Hadress	rown, city	Zip code	relephone wantoer
If cold calo price			
If sold—sale price:			
The following was completed:			
State Agency permission r	equested— Date: _		
State Agency permission g	ranted by:		
Confidential information r	emoved/deleted fo	r equipment with men	nory/storage capacity
Additional comments:			
nadicional commencs.			
Program Director Signature: _			Date: