

Fill in Local Agency Name here

NH WIC INVENTORY DISPOSITION FORM

Program: _____

Location: _____
Street Address Town/City Zip Code Telephone Number

Description: _____

Make: _____ **Model:** _____

Serial Number: _____ **Tag Number:** _____

Equipment was: Transferred Repurposed Disposed Date: _____

Reason: _____

New Location: _____
Street Address Town/City Zip Code Telephone Number

If sold—sale price: _____

The following was completed:

State Agency permission requested— Date: _____

State Agency permission granted by: _____

Confidential information removed/deleted for equipment with memory/storage capacity

Additional comments:

Program Director Signature: _____ Date: _____