*Sanilac County Community Mental Health Authority*

Inventory Tag

INVENTORY DISPOSAL REQUEST

Date:

**Complete Description:**

*Condition:*

*Age:*

*Reason for Disposal:*

# Method of Disposal:

**Disposal Authorized by:**

*Department Supervisor Signature Date*

*Chief Financial Officer Signature Date*

# Receipt of Goods:

A Sum of $ was paid to *SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY* for the items listed. I hereby certify that I have received the goods as listed.

Date: Signature:

Company: Address:

# Disposition Completion:

I hereby certify that I have disposed of the items listed according to the method indicated.

*Signature Date*

# Completion Verified

*Signature Date*