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Education Service Center, Region 2
Fixed Asset - Tagging Form

Auction Item

Tag Number _____

Date _____

Enter the date you are taking this item to the auction area

Detailed Description

Catalog Number _____ *(Select the best category your item will fit in)*

Serial # *(if applicable)* _____

Room Number _____ *(This is where the item is housed)*

Department _____

Person Responsible for item _____

of Units _____ *(Please enter only one (1) item per Auction Form)*

Originator Signature:

Date:
