

# CHAMPLAIN VALLEY EDUCATIONAL SERVICES CEWW BOCES ASSET RELOCATION/ STORAGE

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Asset Tag Number: \_\_\_\_\_

Asset Description: \_\_\_\_\_  
\_\_\_\_\_

**FROM:**

**CURRENT LOCATION**

DIVISION \_\_\_\_\_

BUILDING \_\_\_\_\_

ROOM NAME/ # \_\_\_\_\_

STORAGE

**TO:**

**NEW LOCATION**

DIVISION \_\_\_\_\_

BUILDING \_\_\_\_\_

ROOM NAME/ # \_\_\_\_\_

STORAGE

**Approval:**

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please forward completed form to the Business Office.  
Brian Rabideau will arrange pick-up of item for storage upon receipt of this form.*