CHAMPLAIN VALLEY EDUCATIONAL SERVICES
CEWW BOCES
MULTIPLE ASSET RELOCATION/ STORAGE

REQUESTOR NAME _____ **DIVISION** _____ **DATE** _____

Asset Description	Asset Tag Number	CURRENT LOCATION				NEW LOCATION			
		DIVISION	BUILDING	ROOM	STORAGE	DIVISION	BUILDING	ROOM	STORAGE

Approval:

Director's Signature _____ **Date** _____

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