





WASTE MATERIALS REPORT

Place of Storage :				Fund Cluster:	Fund Cluster :		
				Date :			
ITEMS F	OR DISPOSAL						
Item	Quantity		Description	Record of Sales			
		Unit			Official Receipt		
				No.	Date	Amount	
1							
2							
3							
4					_		
5							
6							
7 8					1		
9							
10							
			TOTAL				
Certified Correct : Dispos				l Approved :			
Signature over Printed Name of Supply				Signature over Printed Name of Head of			
and/or Property Custodian				Agency/Entity or his/her Authorized			
					Representative		
			CERTIFICATE OF INS	PECTION			
		_					
I he	reby certify that t	he property enum	erated above was disposed	of as follows:			
Item Destroyed							
Item Sold at private sale							
	Item	Sol	d at public auction				
	Item	Tra	nsferred without cost to	(Name of the Agency/I	Entity)		
Certified Correct:				Witness to Disposal:			
	Signatura o	var Drintad Nama	of	Cignatura over I	Printed Name of		
Signature over Printed Name of Inspection Officer				Signature over Printed Name of Witness			
mapection officer				Withess			

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