



**SUPPLY MANAGEMENT SERVICES**

**WASTE MATERIALS REPORT**

Entity Name : \_\_\_\_\_

Fund Cluster : \_\_\_\_\_

Place of Storage : \_\_\_\_\_ Date : \_\_\_\_\_

**ITEMS FOR DISPOSAL**

Item	Quantity	Unit	Description	Record of Sales		
				Official Receipt		
				No.	Date	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			<b>TOTAL</b>			

Certified Correct : \_\_\_\_\_ Disposal Approved : \_\_\_\_\_  
 Signature over Printed Name of Supply and/or Property Custodian  
 Signature over Printed Name of Head of Agency/Entity or his/her Authorized Representative

**CERTIFICATE OF INSPECTION**

I hereby certify that the property enumerated above was disposed of as follows:

- Item \_\_\_\_\_ Destroyed
- Item \_\_\_\_\_ Sold at private sale
- Item \_\_\_\_\_ Sold at public auction
- Item \_\_\_\_\_ Transferred without cost to  (Name of the Agency/Entity)

Certified Correct: \_\_\_\_\_ Signature over Printed Name of Inspection Officer  
 Witness to Disposal: \_\_\_\_\_ Signature over Printed Name of Witness