**INVENTORY WRITE-OFF FORM TEMPLATE**

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| **CLAIMANT NAME** | **SIGNATURE** | **PHONE** | **EMAIL** | **DATE OF CLAIM** |
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| **PREPARED BY** | **SIGNATURE** | **PHONE** | **EMAIL** | **DATE** |
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| **NO.** | **DESCRIPTION / CONDITION** | **COST NEW** | **AGE** | **NOTES (DEPARTMENTAL USE ONLY)** |
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| **TOTAL** |  |
| **CLAIM TOTAL** |  |

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