

DOCUMENT  
CONTROL NUMBER \_\_\_\_\_

NEW MEXICO  
HIGHLANDS UNIVERSITY

**DELETION FORM**

1. DEPARTMENT \_\_\_\_\_

2. ACCOUNT NUMBER \_\_\_\_\_

3. DATE \_\_\_\_\_

INVENTORY #	ITEM	STATUS

STATUS KEY: Good, Bad, Obsolete, Stolen

**5. I CERTIFY THAT THE ABOVE ITEMS ARE READY TO  
BECOLLECTED AND REMOVED FROM SAID INVENTORY.**

\_\_\_\_\_  
SIGNATURE OF RELEASING FUND SUPERVISOR

\_\_\_\_\_  
CHIEF FINANCE OFFICER (V.P.)

CHECKED AND PICKED UP BY:

\_\_\_\_\_  
FIXED ASSET CLERK

\_\_\_\_\_  
DATE