

WVDOT REQUEST FOR INVENTORY WRITE-OFF

FORM DOT-6a

Revision 01-26-10

DATE		ORG. NUMBER	INVENTORY LOC. NO.	DESCRIPTION OF INVENTORY ITEM	
CLASS	TYPE	SUBCODE	UNITS (.000)	UNIT COST (.0000)	TOTAL VALUE OF WRITE-OFF REQUEST

JUSTIFICATION:

REQUESTED BY: _____	DATE REQUESTED: _____
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APPROVED: <input style="width: 50px; height: 20px;" type="checkbox"/>	DISAPPROVED: <input style="width: 50px; height: 20px;" type="checkbox"/>	DISTRICT COMPTROLLER
APPROVED: <input style="width: 50px; height: 20px;" type="checkbox"/>	DISAPPROVED: <input style="width: 50px; height: 20px;" type="checkbox"/>	DISTRICT ENGINEER/MANAGER

COMMENTS:

AUTHORIZATION FOR EXPENSE - CHECK ONE		
<input style="width: 40px; height: 20px;" type="checkbox"/> AEXP003 (FUEL)	<input style="width: 40px; height: 20px;" type="checkbox"/> AEXP004 (OTHER)	DATE

DATE COPY SUBMITTED TO BFP _____	DATE RECEIVED BY BFP
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