

FIXED ASSET DISPOSAL

TO BE COMPLETED AT TIME OF DISPOSAL
ONE ITEM PER FORM

ASSET NUMBER: _____ ASSET PURCHASE DATE: _____

SCHOOL/LOCATION: _____

ITEM DESCRIPTION: _____

SERIAL NUMBER: _____

CONDITION: Excellent ___ Good ___ Fair ___ Poor ___

RECOMMENDED METHOD OF DISPOSAL: (CIRCLE ONE)

- | | |
|-----------|-----------------------------|
| 1. SOLD | 4. STOLEN |
| 2. JUNKED | 5. DESTROYED IN CATASTROPHE |
| 3. LOST | 6. RETURNED FOR CREDIT |

DETAILED REASONING FOR DISPOSAL OF ITEM:

SIGNATURE: _____
Teacher/Staff Member Date

SIGNATURE: _____
Fixed Asset Contact for Location Date

SIGNATURE: _____
Principal/Supervisor Date

DATE OF APPROVAL BY SCHOOL BOARD: _____

AMOUNT OF SALE: _____

SIGNATURE & DATE OF ACTUAL DISPOSAL: _____

METHOD OF DISPOSAL: _____

APPROVED BY: _____
SCHOOL DISTRICT BUSINESS ADMINISTRATOR

ALL ASSETS APPROVED FOR DISPOSAL MUST BE VIEWED BY THE SCHOOL DISTRICT BUSINESS ADMINISTRATOR OR DESIGNEE BEFORE DISCARDING.